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ABSTRACT

Research was conducted on reactions of North Carolina public health workers to the telecasts, study manuals, and group discussion sessions used for seven programs (Introduction, Group Discussion, Communication, Cooperation, Culture and Public Health, Our Public Image, and Questions and Answers, respectively) in the interpersonal relations series of the state continuing education program. A special evaluation form elicited responses from State Board of Health and local health department personnel. Members of different occupations (nurses, health officers, secretaries, sanitarians, laboratory workers) varied significantly in perceptions of the value of telecasts and discussion for Program One; of telecasts and manuals for Program Five; and of all three components for Program Three and all seven programs combined. Perceptions of study manuals and group discussion sessions differed significantly by state versus local affiliation. Perceptions for all three program components varied by program topic and by county health department size and location. Respondents in most occupations saw great value in all three components, especially the telecasts and discussions. However, problems relating to scheduling, presentation, subject interest, television reception, and negative attitudes toward continuing education, were noted. (LY)

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RECEPTION OF THE INTERPERSONAL RELATIONS SERIES OF THE CONTINUING EDUCATION PROJECT FOR PUBLIC HEALTH WORKERS IN NORTH CAROLINA

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CHAPTER I

INTRODUCTION

Background

After much preliminary work, the Southern Branch, American Public Health Association Continuing Education Project made its official debut in North Carolina with the televising of the first program at 4 p.m., Tuesday, April 2, 1968.[1] This was followed by six more programs in the ensuing period ending the week of May 13, 1968. The seven programs were basically centered around the broad subject of "Interpersonal Relations."

In addition to the television presentations, a study manual, related to each topic, was mailed to the public health employees in North Carolina. The study manual on a particular topic was sent one week in advance of the television presentation of that particular topic to enable the participants to study the subject ahead of time.

After the television presentation, the employees of each local health department were to conduct a thirty minute group discussion on the application of the topic to their local health department's problems. These were to be conducted by the health personnel given leadership training in North

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[1] Each program was re-televised on Wednesday morning.

Carolina in February and March of 1968.[1] The same procedure was to be employed by the various divisions in the State Board of Health.

Statement of the Problem

Much time, effort, and money was expended in the formulation and implementation of the Continuing Education Program in North Carolina. In order to ascertain the effectiveness of the program, evaluation must be a vital part of the total endeavor. There are several aspects that should be evaluated; however, this study was limited to determining the reception given to the Project by public health workers in North Carolina, both local health departments' and State Board of Health personnel.[2] It was further concerned with determining if there were any significant differences between the reaction to the Project and certain characteristics of public health workers.

Methodology

Identification of Study Population

Basically, there were two types of public health personnel in North Carolina: those employed by county or local health departments and those employed by the State Board of Health. It was decided that the population for the study would be the North Carolina county health departments that could receive educational television and the State Board of Health.[1]

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[1] Donnie Dutton, Leadership Training for Public Health Workers in North Carolina: An Evaluative Study (Birmingham, Alabama: Southern Branch, American Public Health Association, 1968).

[2] The writer is in the process of conducting an evaluative study, which, among other things, will measure some attitude and behavioral changes.

Of the 100 counties in North Carolina, 79 were covered by the educational television system. Of these 79 counties, 73 participated in the Continuing Education Program. This resulted in a participation rate of 92.4 per cent for county or local health departments.

The participation rate by number of public health personnel was 166 out of 498 employees for the State Board of Health or 33.3 per cent. For local health departments, 1325 persons participated out of 1636, resulting in a participation rate of 80.9 per cent.[2]

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[1] All of the 100 counties in North Carolina were not covered by the state educational television network.

[2] These figures were based on the number of personnel employed in the 79 counties covered by the educational television system. There was reason to believe that these participation figures were on the conservative side as it was indicated to the writer on several occasions that there were people participating who would not take the time to fill out an evaluation sheet. Also, the State Board of Health had many of its employees "out in the field" so to speak at the time of the programs, and these persons were instructed not to go into local health departments during these first seven programs, but to view the program in their motel room; consequently, evaluation forms were not filled out and returned. This was to give the local health departments an opportunity to begin functioning as a comprehensive team without outside interference since the topics were on inter-

Collection of Data

The instrument used to collect the data for this study was an evaluation form developed by the staff of Southern Branch, American Public Health Association.[1] The instrument was pretested on more than 2,000 public health employees in Alabama and refined to its present form (see Appendix E).

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personal relations, and many of them were holding participative staff discussions for the first time.

The participation rates were further based on the response from a Kropp-Verner Evaluation Scale that was sent to public health personnel in North Carolina and administered after the last program, which was presented the week of May 13, 1968. This scale consisted of twenty items arranged in rank order of value, with item number one being the best thing that could be checked about the Project, item number two, the second best, and so on, with item number twenty being the least favorable response.

The participants were requested to view the seven television programs, seven study manuals, and seven group discussion sessions as a total unit and give their overall impression of the Project.

Out of a possible score range of 1.13 to 10.89, the mean score was 4.46 and the median score was 4.12 (the closer the score approximated 1.13, the better the rating). This resulted in the mean score being placed at item number seven and the median score at item number six on the twenty item scale. It is the writer's opinion that this indicated that the public health workers viewed the Project as very favorable.

No further mention of this evaluation scale will be made in this study.

[1] This included Mr. Forest Ludden, Assistant for Program Management, Montgomery, Alabama and Dr. H. P. Hopkins, Chairman of the Steering Committee for the Project, Nashville, Tennessee.

The evaluation forms were mailed to the program coordinator in each county health department or State Board of Health Division one week in advance of each program. This person then distributed the forms at the end of each group discussion session, collected them, and returned them by mail. The program coordinators were given instructions by the writer in how to administer the evaluation forms.

The data obtained were coded, punched on data processing cards, and analyzed using the facilities of the Public Health Statistics Section, Epidemiology Division of the North Carolina State Board of Health.

Description of Dependent Variable

Two dependent variables were originally selected to be examined in this study. The first was the degree of interest the participants had in each of the three major components of the Continuing Education Program: educational television, study manual, and group discussion period. The second dependent variable was the degree of value that each of these same components had for the participants.

The reactions of the participants to these two variables were measured by a five point scale, measuring from very low to very high. The very low and low ratings were combined as well as the high and very high. This resulted in a grouping of low, medium, and high for the purpose of analysis.

As mentioned previously, originally, two variables were chosen to be examined in this study. However, as the writer began to analyze the data, it was found that the distribution of response in the low, medium, and high categories was almost identical when comparing the interest and value of the television presentations, the study manuals, and the group discussion sessions.

Tables 1, 2, and 3 (pages 7, 8, and 9) shows this comparison. As one views each table, it is evident that there was very little difference between the public health employees' rating of the interest in and value of the various components of the Continuing Education Program; therefore, no further discussion will follow concerning these three tables.

Recognizing the limitations thereof, a decision was made to eliminate the duplication of interest and value tables for each independent variable in this study. It was felt that the "acid test" for determining the significant impact that the Continuing Education Program had made was really the amount of value that the participants felt each component had for them. Therefore, it was decided to present only the "value" tables throughout the rest of the study.

Statistical Technique

Statistical association between variables was examined by means of the chi-square test of significance. It was decided to accept the .05 level as the criterion level that any test of significance must meet before the null hypotheses

TABLE 1.--Comparison of expressed degree of interest and value of all seven television presentations[a] in the interpersonal relations series by North Carolina public health workers

Component	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Interest	939	10.1	2855	30.7	5502	59.2	9296	100.0
Value	929	10.2	2723	30.0	5436	59.8	9088	100.0

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[a] Due to the great similarity in wording in the captions of all the tables, a few key words will be underlined in each table to assist the reader in interpretation.

TABLE 2.--Comparison of expressed degree of interest and value of all seven study manuals in the interpersonal relations series by North Carolina public health workers

Component	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Interest	710	7.7	3798	41.4	4669	50.9	9177	100.0
Value	724	8.1	3532	39.3	4721	52.6	8977	100.0

TABLE 3.--Comparison of expressed degree of interest and value of all seven group discussion sessions in the interpersonal relations series by North Carolina public health workers

Component	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Interest	714	7.8	2924	31.7	5571	60.5	9209	100.0
Value	797	8.8	2915	32.2	5351	59.0	9063	100.0

would be rejected. That is, in any chi-square test, the difference between the observed and the expected frequencies must not have a probability of occurring purely by chance more than five times in one hundred or the association would be considered insignificant.

Hypotheses

Three working null hypotheses were developed for testing in this study.[1] The first was that there is no association between the value the various disciplines in public health ascribed to the television presentations, study manuals, and group discussion sessions and the following independent variables:

1. Program Number One: Introduction to a Continuing Education Program
2. Program Number Two: Group Discussion
3. Program Number Three: Communication
4. Program Number Four: Cooperation
5. Program Number Five: Culture and Community Health
6. Program Number Six: Our Public Image
7. Program Number Seven: Questions and Answers[2]
8. All Seven Programs Combined

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[1] Originally, these same hypotheses were developed for the dependent variable, interest, but this variable was eliminated from the study as previously explained.

[2] This was a program that was based on questions sent in by the participants during the other six programs. A panel was selected to respond to these questions, hence the name, Questions and Answers.

The second null hypothesis was that there is no association between the value all public health participants ascribed to the seven television programs, seven study manuals, and seven group discussion sessions and the following independent variables:

1. Topics Covered in Order of Occurrence
2. Size of Local Health Departments
3. Location of Local Health Departments
4. Whether State Board of Health Personnel or Local Health Department Personnel

The third null hypothesis was that there is no association between a comparison of the degree of value public health participants ascribed to the seven television presentations, seven study manuals, and seven group discussion sessions.

Definitions

For the purpose of this study, the terms listed below were defined as follows:

Continuing Education Program: A program designed for public health workers and limited in this study to the seven programs in the Interpersonal Relations series. This program was the result of a grant from the United States Public Health Service for the establishment of a demonstration project to upgrade the delivery of community health services.

Public Health Workers: Those persons in North Carolina employed by the State Board of Health or county health departments.

Continuing Education Participants: Those public health workers who filled out and returned any of the evaluation forms relative to the Continuing Education Program.

Program Coordinators: Those public health employees designated to be in charge of the Continuing Education Program in their local health departments or State Board of Health Divisions.

Group Discussion Leaders: Those persons who led the group discussion sessions after each of the seven television presentations.

Components of the Continuing Education Program: These include television presentations, study manuals, and group discussion sessions.

Other: A category used in various tables to collectively accumulate the responses of the many disciplines in public health other than secretary, nurse, sanitarian, laboratory worker, and health officer. This was necessary due to the lack of a finer discrimination in the evaluation forms.

Limitations

There were a number of limitations which directly influenced the methodological procedures used in this study, and consequently may have influenced the findings and the extent to which they can be generalized to other populations. These limitations are summarized below.

Population being studied.--The population from whom data were obtained in this study were those public health employees who participated in the Continuing Education Program. This population may or may not be representative of public health employees in other areas. It was felt, however, that the findings of this study could be generalized to other geographic areas insofar as participants resemble those of the population being studied.

A further limitation, which must be considered in generalizing to the public health population, is the extent to which participants in the Continuing Education Program are representative of persons not participating in the program. For example, there were twenty-nine out of one hundred counties not participating, twenty-one of which were not covered by the state-wide educational television system. A final segment to be considered is those employees within the participating counties who did not participate.

Data collection.--A second methodological limitation that influenced the procedure and may have influenced the findings of the study was the use of program coordinators to administer the evaluation forms. Although this was the only feasible method for collecting the data, the extent to which the program coordinators may have exerted an influence on the responses given is unknown.

Competency and personality of program coordinator and group discussion leaders.--Although these persons have been trained to some extent in the principles of group leadership, the competency they possessed as well as their actual performance was unknown. Good or bad leaders and coordinators could have greatly influenced the outcome of a person's feeling towards a program.

Selection of program coordinators and group discussion leaders.--These persons were initially selected by a central committee in Raleigh. Although they were subject to the approval of the county health officer or administrator, there was some resentment by public health personnel as to the method employed. The extent to which this may have had a negative effect on value ratings is unknown.

Implementation of the Project.--Various methods, procedures, and personalities are used in the implementation of a program of change. The methods and procedures used in North Carolina may or may not be different from those that would be used to implement the program in other geographic areas. It is felt that this would have some significance in making generalizations to other geographic regions.

CHAPTER II

VALUE OF THE COMPONENTS OF THE CONTINUING EDUCATION PROGRAM BY DISCIPLINE

The purpose of this chapter is to test the null hypothesis of no association between the value the various disciplines in public health ascribed to the television presentations, study manuals, and group discussion sessions and the various programs presented.

Program Number One

The values ascribed to the three components of program number one, Introduction to a Continuing Education Program, were examined to test their association with the discipline of public health workers. The results of the chi-square test of association between the various disciplines and the value they ascribed to the television presentation are shown in Table 4; study manual in Table 5; and group discussion session in Table 6.

Television presentation.--A significant association was found between the value of the television presentation and the discipline of public health workers as indicated by Table 4. Nurses and Others tended to have the greatest number of responses in the high category. However, if one were to consider only the low category as being undesirable, TABLE 4.--Degree of expressed value of television presentation number one (introduction to a continuing education program for public health workers) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	32	12.5	135	52.5	90	35.0	257	100.0
Nurse	78	15.3	215	42.2	216	42.5	509	100.0
Sanitarian	36	22.1	76	46.6	51	31.3	163	100.0
Laboratory worker	20	27.4	32	43.8	21	28.8	73	100.0
Health officer	2	9.1	14	63.6	6	27.3	22	100.0
Other	59	22.4	91	34.6	113	43.0	263	100.0

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[a] Significant

health officers considered it of the most value with only 9.1 per cent in the low category. This was followed by secretaries, nurses, sanitarians, others, and laboratory workers. The disciplines tended to rate the television presentation as having a medium amount of value as opposed to either low or high.

Study manual.--The expressed value of study manual number one was not significantly associated with the discipline of public health workers as shown by Table 5. However, it should be pointed out that only a small percentage of any of the various disciplines gave it a low rating.

Group discussion session.--Table 6 indicates that there was a significant association between the expressed value of the group discussion session and the discipline of public health workers. Again, the percentages in the low degree of value category were relatively small. Those responding to the high category most frequently were others, followed by secretaries, sanitarians, nurses, laboratory workers, and health officers.

Program Number Two

The value ascribed to the three components of program number two, Group Discussion, were examined to test their association with the discipline of public health workers. The results of the chi-square test of association between the various disciplines and the value they ascribed to the

TABLE 5.--Degree of expressed value of study manual number one (introduction to a continuing education program for public health workers) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	28	11.6	120	49.6	94	38.8	242	100.0
Nurse	45	9.5	234	49.5	194	41.0	473	100.0
Sanitarian	20	13.9	71	49.3	53	36.8	144	100.0
Laboratory worker	13	21.3	33	54.1	15	24.6	61	100.0
Health officer	3	15.0	12	60.0	5	25.0	20	100.0
Other	28	12.0	115	49.4	90	38.6	233	100.0

[a] Not significant

TABLE 6.--Degree of expressed value of group discussion session number one (introduction to a continuing education program for public health workers) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	30	11.8	114	44.9	110	43.3	254	100.0
Nurse	72	14.6	227	46.0	194	39.4	493	100.0
Sanitarian	26	16.0	68	42.0	68	42.0	162	100.0
Laboratory worker	17	23.6	29	40.3	26	36.1	72	100.0
Health officer	3	13.6	13	59.1	6	27.3	22	100.0
Other	50	19.3	87	33.6	122	47.1	259	100.0

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[a] Significant

television presentation are shown in Table 7; study manual in Table 8; and group discussion session in Table 9.

Television presentation.--No significant association was found between the value of the television presentation and the discipline of public health workers (Table 7). However, there was a tendency for all disciplines to place approximately 50 per cent of their responses in the high category.

Study manual.--No significant association was found between the value of the study manual and the discipline of public health workers (Table 8). However, the study manual did not tend to enjoy the same popularity as the television presentation. Approximately one-half of each discipline tended to rate it as having medium value.

Group discussion session.--No significant association was found between the value of the group discussion session and the discipline of public health workers as noted in Table 9. Approximately 60 per cent of each discipline tended to rate the discussion session as having high value.

Program Number Three

The values ascribed to the three components of program number three, communication, were examined to test their association with the discipline of public health workers. The results of the chi-square test of association between the various disciplines and the value they ascribed to the television presentation are shown in Table 10; study manual in Table 11; and group discussion session in Table 12.

TABLE 7.--Degree of expressed value of television presentation number two (group discussion) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	18	7.2	95	37.8	138	55.0	251	100.0
Nurse	47	8.7	215	39.8	278	51.5	540	100.0
Sanitarian	20	12.6	58	36.5	81	50.9	159	100.0
Laboratory worker	8	10.7	25	33.3	42	56.0	75	100.0
Health officer	3	11.1	8	29.6	16	59.3	27	100.0
Other	23	9.4	101	41.2	121	49.4	245	100.0

[a] Not significant

TABLE 8.--Degree of expressed value of study manual number two (group discussion) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	37	14.7	125	49.6	90	35.7	252	100.0
Nurse	80	15.2	251	47.4	198	37.4	529	100.0
Sanitarian	27	17.2	76	48.4	54	34.4	157	100.0
Laboratory worker	18	25.7	31	44.3	21	30.0	70	100.0
Health officer	3	12.0	16	64.0	6	24.0	25	100.0
Other	37	16.1	115	50.0	78	33.9	230	100.0

[a] Not significant

TABLE 9.--Degree of expressed value of group discussion session number two (group discussion) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	13	7.1	72	28.3	164	64.6	254	100.0
Nurse	54	10.2	176	33.3	298	56.5	528	100.0
Sanitarian	11	6.8	57	35.2	94	58.0	162	100.0
Laboratory worker	12	16.0	17	22.7	46	61.3	75	100.0
Health officer	1	3.8	10	38.5	15	57.7	26	100.0
Other	16	6.5	80	32.4	151	61.1	247	100.0

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[a] Not significant

Television presentation.--Table 10 shows a significant association between the value of the television presentation and the discipline of public health workers. Sixty-five per cent or better of each discipline indicated that it was of high value. However, nurses gave it the highest rating with approximately 80 per cent of their responses being in the high category. This was followed by health officers (76.5 per cent), others (73.3 per cent), sanitarians and secretaries (68.6 per cent each), and laboratory workers (65.3 per cent).

Study manual.--Table 11 points out that there was a significant association between the value of the study manual and the discipline of public health workers. With the exception of laboratory workers (17.1 per cent), very few of the disciplines indicated that it was of low value. Nurses tended to give it the best rating in the high category (73.4 per cent). This was followed by health officers, secretaries, others, sanitarians and laboratory workers in that order.

Group discussion session.--Table 12 shows that there was a significant association between the value of the group discussion session and the discipline of public halth workers. Again, nurses gave it the best rating in the high category (71.6 per cent), followed closely by secretaries (70.5 per cent). Then came the sanitarians, others, health officers and laboratory workers.

TABLE 10.--Degree of expressed value of television presentation number three (communication) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	30	9.7	67	21.7	212	68.6	309	100.0
Nurse	38	6.8	75	13.3	449	79.9	562	100.0
Sanitarian	15	7.8	45	23.6	131	68.6	191	100.0
Laboratory worker	8	10.3	19	24.4	51	65.3	78	100.0
Health officer	2	5.9	6	17.6	26	76.5	34	100.0
Other	12	4.4	61	22.3	200	73.3	273	100.0

[a] Significant

TABLE 11.--Degree of expressed value of study manual number three (communication in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	21	6.8	99	32.0	189	61.2	309	100.0
Nurse	15	2.7	135	23.9	414	73.4	564	100.0
Sanitarian	6	3.3	74	40.4	103	56.3	183	100.0
Laboratory worker	13	17.1	27	35.5	36	47.4	76	100.0
Health officer	1	3.1	10	31.3	21	65.6	32	100.0
Other	11	4.2	91	34.9	159	60.9	261	100.0

[a] Significant

TABLE 12.--Degree of expressed value of group discussion session number three (communication) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	17	5.6	72	23.9	212	70.5	301	100.0
Nurse	23	4.1	137	24.3	404	71.6	564	100.0
Sanitarian	5	2.7	52	28.4	126	68.9	183	100.0
Laboratory worker	11	14.7	24	32.0	40	53.3	75	100.0
Health officer	3	8.8	9	26.5	22	64.7	34	100.0
Other	13	4.8	75	27.6	184	67.6	272	100.0

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[a] Significant

Program Number Four

The values ascribed to program number four, Cooperation, were examined to test their association wtih the discipline of public health workers. The results of the chi-square test of association between the various disciplines and the value they ascribed to the television presentation are found in Table 13; study manual in Table 14; and group discussion session in Table 15.

Television presentation.--No significant association was found between the value of the television presentation and discipline of public health workers (Table 13). Laboratory workers placed the smallest number of responses in the low category with health officers checking it more than any of the disciplines. Sixty-seven per cent or better of all the disciplines rated the value in the high category, with the secretaries and nurses having almost 79 per cent each in the high column.

Study manual.--The chi-square technique was not applicable to Table 14 since one of the cell frequencies contained a zero. However, the highest percentage of responses in the high value category was attributed to health officers (67.9), with nurses, secretaries, laboratory workers, others, and sanitarians following in consecutive order.

Group discussion session.--No significant association was found between the value of the group discussion session

TABLE 13.--Degree of expressed value of television presentation number four (cooperation) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	16	5.5	45	15.6	228	78.9	289	100.0
Nurse	28	5.2	86	16.0	424	78.8	538	100.0
Sanitarian	11	6.6	44	26.3	112	67.1	167	100.0
Laboratory worker	3	4.6	15	23.1	47	72.3	65	100.0
Health officer	4	14.3	5	17.9	19	67.8	28	100.0
Other	17	5.7	59	19.6	224	74.7	300	100.0

---

[a] Not significant

TABLE 14.--Degree of expressed value of study manual number four (cooperation) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	21	7.3	94	32.7	172	60.0	287	100.0
Nurse	24	4.3	175	31.2	361	64.5	560	100.0
Sanitarian	8	4.6	75	43.3	90	52.1	173	100.0
Laboratory worker	3	4.8	23	36.5	37	58.7	63	100.0
Health officer	0	0.0	9	32.1	19	67.9	28	100.0
Other	18	6.2	112	38.8	159	55.0	289	100.0

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[a] Statistical technique not applicable due to a cell frequency containing a zero.

TABLE 15.--Degree of expressed value of group discussion session number four (cooperation) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	31	10.8	82	28.5	175	60.7	288	100.0
Nurse	46	8.3	176	31.6	335	60.1	557	100.0
Sanitarian	15	8.9	60	35.7	93	55.4	168	100.0
Laboratory worker	3	4.5	17	25.8	46	69.7	66	100.0
Health officer	2	7.1	10	35.7	16	57.2	28	100.0
Other	20	6.6	83	27.4	200	66.0	303	100.0

---

[a] Not significant

and discipline of public health workers (Table 15). However, there was a tendency for laboratory workers and others to place the highest per cent of responses in the high column (69.7). The lowest percentage of responses in the high category was attributed to sanitarians (55.4).

Program Number Five

The values ascribed to the three components of program number five, Culture and Community Health, were examined to test their association with the discipline of public health workers. The results of the chi-square test of association between the various disciplines and the value they ascribed to the television presentation are shown in Table 16; study manual in Table 17; and group discussion session in Table 18.

Television presentation.--A significant association was found between the value of the television presentation and discipline of public health workers (Table 16). The significant thing was that the various disciplines, except for the health officer, tended to place the value in the medium category. However, 52.2 per cent of the health officers rated it as having high value.

Study manual.--A significant association was found between the value of the study manual and the discipline of public health workers (Table 17). Fifty-six per cent of the health officers and 54.2 per cent of the nurses gave the study

TABLE 16.--Degree of expressed value of television presentation number five (culture and community health) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	64	25.2	118	46.5	72	28.3	254	100.0
Nurse	79	15.8	212	42.1	212	42.1	503	100.0
Sanitarian	29	17.3	80	47.6	59	35.1	168	100.0
Laboratory worker	21	33.9	27	43.5	14	22.6	62	100.0
Health officer	3	13.0	8	34.8	12	52.2	23	100.0
Other	42	17.1	106	43.3	97	39.6	245	100.0

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[a] Significant

TABLE 17.--Degree of expressed value of study manual number five (culture and community health) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	26	9.8	133	50.4	105	39.8	264	100.0
Nurse	31	5.7	217	40.1	293	54.2	541	100.0
Sanitarian	9	5.1	96	54.2	72	40.7	177	100.0
Laboratory worker	12	17,4	36	52.2	21	30.4	69	100.0
Health officer	1	4.0	10	40.0	14	56.0	25	100.0
Other	24	9.3	115	44.6	119	46.1	258	100.0

[a] Significant

manual a high value; however, the other disciplines tended to place about one-half of their responses in the medium value category. A much larger percentage of the laboratory workers indicated a low value for the study manual (17.4) than the other disciplines.

Group discussion session.--No significant association was found between the value of the group discussion session and the discipline of public health workers (Table 18). With the exception of the laboratory workers, all of the disciplines placed approximately 55 per cent of their responses in the high value category.

Program Number Six

The values ascribed to the three components of program number six, Our Public Image, were examined to test their association with the discipline of public health workers. The results of the chi-square test of association between the various disciplines and the value they ascribed to the television presentation are found in Table 19; study manual in Table 20; and group discussion session in Table 21.

Television presentation.--The chi-square test of association was not applicable to Table 19 since two of the cell frequencies had a zero. However, it should be noted that all disciplines indicated that the television presentation had extremely high value. The highest number of responses in the low value category was by the sanitarian, and it was only 1.7 per cent.

TABLE 18.--Degree of expressed value of group discussion session number five (culture and community health) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	29	11.0	82	31.2	152	57.8	263	100.0
Nurse	47	8.7	195	36.0	300	55.3	542	100.0
Sanitarian	14	8.0	64	36.8	96	55.2	174	100.0
Laboratory worker	11	15.7	30	42.9	29	41.4	70	100.0
Health officer	4	16.7	7	29.2	13	54.1	24	100.0
Other	20	7.7	95	36.5	145	55.8	260	100.0

[a] Not significant

TABLE 19.--Degree of expressed value of television presentation number six (our public image) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	3	1.1	19	7.0	250	91.9	272	100.0
Nurse	3	.5	43	7.4	535	92.1	581	100.0
Sanitarian	3	1.7	15	8.7	154	89.6	172	100.0
Laboratory worker	0	0.0	8	12.1	58	87.9	66	100.0
Health officer	0	0.0	5	16.1	26	83.9	31	100.0
Other	3	1.1	20	7.7	238	91.2	261	100.0

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[a] Statistical technique not applicable due to a cell frequency containing a zero.

Study manual.--The chi-square test of association was not applicable to Table 20 since one of the cell frequencies contained a zero. The small percentage of responses in the low value category by each discipline should be noted. With the exception of the laboratory workers, the other disciplines placed 70 per cent or more of their responses in the high value category.

Group discussion session.--No significant association was found between the value of the group discussion session and the discipline of public health workers (Table 21). The major percentage of responses from all disciplines was found in the high value category.

Program Number Seven

The values ascribed to the three components of program number seven, Questions and Answers, were examined to test their association with the discipline of public health workers. The results of the chi-square test of association between the various disciplines and the value they ascribed to the television presentation are shown in Table 22; study manual in Table 23; and group discussion session in Table 24.

Television presentation.--No significant association was found between the value of the television presentation and the discipline of public health workers as noted in Table 22. Only the health officers placed 50 per cent of their responses in the high value category. The responses for the other disciplines tended to cluster in the medium value

TABLE 20.--Degree of expressed value of study manual number six (our public image) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	9	3.4	63	24.1	189	72.5	261	100.0
Nurse	8	1.4	116	20.0	456	78.6	580	100.0
Sanitarian	4	2.3	48	27.7	121	70.0	173	100.0
Laboratory worker	1	1.5	28	43.1	36	55.4	65	100.0
Health officer	0	0.0	7	23.3	23	76.7	30	100.0
Other	7	2.7	62	24.1	188	73.2	257	100.0

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[a] Statistical technique not applicable due to a cell frequency containing a zero.

TABLE 21.--Degree of expressed value of group discussion session number six (our public image) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	5	1.9	53	19.9	208	78.2	266	100.0
Nurse	29	5.0	125	21.6	425	73.4	579	100.0
Sanitarian	3	1.7	39	22.5	131	75.8	173	100.0
Laboratory worker	4	6.2	20	30.8	41	63.0	65	100.0
Health officer	1	3.1	7	21.9	24	75.0	32	100.0
Other	10	3.8	57	21.9	193	74.3	260	100.0

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[a] Not significant

TABLE 22.--Degree of expressed value of television presentation number seven (questions and answers) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	36	18.3	94	47.7	67	34.0	197	100.0
Nurse	64	15.1	179	42.1	182	42.8	425	100.0
Sanitarian	13	10.6	63	51.2	47	38.2	123	100.0
Laboratory worker	9	17.0	31	58.5	13	24.5	53	100.0
Health officer	1	5.0	9	45.0	10	50.0	20	100.0
Other	24	11.4	92	43.8	94	44.8	210	100.0

[a] Not significant

category. Secretaries tended to place the lowest amount of value on this presentation.

Study manual.--Table 23 indicates that there was no significant association between the value of the study manual and the discipline of public health workers. All of the disciplines tended to place about one-half of their responses in the medium value category. Laboratory workers and health officers tended to place a lower amount of value on the study manual than did the other disciplines.

Group discussion sessions.--No significant association was found between the value of the group discussion session and discipline of public health workers (Table 24). Health officers and the other category were the only two disciplines to place more than half of their responses in the high value category. Sanitarians and nurses tended to give it a lower rating than the other disciplines.

All Seven Programs Combined

The values ascribed to the three components of all seven programs combined were examined to test their association with the discipline of public health workers. The results of the chi-square test of association between the various disciplines and the value ascribed to the seven television programs combined are shown in Table 25; seven study manuals combined in Table 26; and seven group discussion sessions combined in Table 27.

TABLE 23.--Degree of expressed value of study manual number seven (questions and answers) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	21	11.0	96	50.3	74	38.7	191	100.0
Nurse	39	9.3	187	44.7	192	46.0	418	100.0
Sanitarian	12	9.5	61	48.4	53	42.1	126	100.0
Laboratory worker	8	15.1	25	47.2	20	37.7	53	100.0
Health officer	3	14.3	11	52.4	7	33.3	21	100.0
Other	29	14.0	98	47.3	80	38.7	207	100.0

[a] Not significant

TABLE 24.--Degree of expressed value of group discussion session number seven (questions and answers) in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	21	11.4	82	44.3	82	44.3	185	100.0
Nurse	60	15.6	152	39.5	173	44.9	385	100.0
Sanitarian	19	16.4	48	41.4	49	42.2	116	100.0
Laboratory worker	3	5.8	26	50.0	23	44.2	52	100.0
Health officer	2	10.5	6	31.6	11	57.9	19	100.0
Other	16	7.8	80	39.0	109	53.2	205	100.0

---

[a] Not significant

Seven television presentations.--Table 25 indicates that a significant association was found between the value of the seven television presentations combined and the discipline of public health workers. All of the disciplines placed over one-half of their responses in the high value category. The other group gave the presentation the highest rating, with 63.9 per cent of the responses in the high value category. This was followed by nurses (62.8 per cent), health officers (62.2 per cent), secretaries (57.8 per cent), sanitarians (55.6 per cent), and laboratory workers (52.1 per cent).

Seven study manuals.--When the responses to the seven study manuals were combined, Table 26 shows that there was a significant association between the value of the manuals and the discipline of public health workers. Responses in the high value category were led by the nurses with 57.5 per cent. This was followed by health officers (52.5 per cent), secretaries (50.6 per cent), other (50.3 per cent), sanitarians (48.2 per cent), and laboratory workers (40.7 per cent). Laboratory workers gave the manuals the lowest rating with 14.9 per cent of their responses in the low value category.

Seven group discussion sessions.--Table 27 shows that there was a significant association between the value ofthe seven group discussion sessions combined and the discipline of public health workers. Approximately 61 per cent of the secretaries placed their responses in the high value category. This was followed by nurses (58.3 per cent), health officers

TABLE 25.--Degree of expressed value of all seven television presentations in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	199	10.9	573	31.3	1057	57.8	1829	100.0
Nurse	337	9.2	1025	28.0	2296	62.8	3658	100.0
Sanitarian	127	11.1	381	33.3	635	55.6	1143	100.0
Laboratory worker	69	14.6	157	33.3	246	52.1	472	100.0
Health officer	15	8.1	55	29.7	115	62.2	185	100.0
Other	82	4.8	532	31.3	1087	63.9	1701	100.0

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[a] Significant

TABLE 26.--Degree of expressed value of all seven study manuals in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	163	9.0	730	40.4	913	50.6	1806	100.0
Nurse	242	6.6	1315	35.9	2108	57.5	3665	100.0
Sanitarian	86	7.6	501	44.2	546	48.2	1133	100.0
Laboratory worker	68	14.9	203	44.4	186	40.7	457	100.0
Health officer	11	6.1	75	41.4	95	52.5	181	100.0
Other	154	8.9	708	40.8	873	50.3	1735	100.0

[a] Significant

TABLE 27.--Degree of expressed value of all seven group discussion sessions in the interpersonal relations series and the discipline of North Carolina public health workers

Discipline[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Secretary	151	8.3	557	30.8	1103	60.9	1811	100.0
Nurse	331	9.1	1188	32.6	2129	58.3	3648	100.0
Sanitarian	93	8.2	388	34.1	657	57.7	1138	100.0
Laboratory worker	61	12.8	163	34.3	251	52.9	475	100.0
Health officer	16	8.7	62	33.5	107	57.8	185	100.0
Other	6	8.8	27	39.7	35	51.5	68	100.0

---

[a] Significant

(57.8 per cent), sanitarians (57.7 per cent), laboratory workers (52.9 per cent), and others (51.5 per cent). Laboratory workers gave the group discussion sessions the lowest rating with 12.8 per cent of their responses being in the low value category.

CHAPTER III

THE VALUE ASCRIBED TO THE COMPONENTS OF THE CONTINUING EDUCATION PROGRAM AND OTHER SELECTED VARIABLES

The purpose of this chapter is to test the null hypothesis of no association between the value all public health participants ascribed to the seven television presentations, seven study manuals, and seven group discussion sessions and the following independent variables:

1. Topics Covered in Order of Occurrence
2. Size of Local Health Departments
3. Location of Local Health Departments
4. State Board of Health Versus Local Health Department Personnel

Topics Covered in Order of Occurrence

The values public health participants ascribed to the three components of all seven programs were examined to test their association with the topics covered in order of occurrence. The results of the chi-square test of association between the value public health workers ascribed to the topics in order of occurrence and the television presentation are shown in Table 28; study manuals in Table 29; and group discussion sessions in Table 30.

Television presentations.--Table 28 points out a significant association between the seven topics presented in order of occurrence. No trend was evident in the order of

TABLE 28.--Comparison of the expressed degree of value of the seven television presentations in the interpersonal relations series in order of occurrence by North Carolina public health workers

Program Number[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
One	229	17.7	565	43.8	497	38.5	1291	100.0
Two	119	9.2	502	38.7	676	52.1	1297	100.0
Three	105	7.3	273	18.9	1069	73.8	1447	100.0
Four	79	5.7	254	18.3	1054	76.0	1387	100.0
Five	238	17.6	551	40.7	566	41.7	1355	100.0
Six	12	.9	110	7.9	1261	91.2	1383	100.0
Seven	147	14.3	468	45.5	413	40.2	1028	100.0

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[a] Significant

occurrence; however, certain programs received better ratings than others. For example, 91.2 per cent of the public health participants placed program number six, Our Public Image, in the high value category. This was followed by program number four, Cooperation, with 76 per cent of the participants responses being in the same category. Program number three, Communication, was next with 73.8 per cent; followed by program number two, Group Discussion, with 52.1 per cent; program number five, Culture and Community Health, 41.7 per cent; program number seven, Questions and Answers, with 40.2 per cent; and program number one, Introduction to a Continuing Education Program, with 38.5 per cent.

Study manuals.--Table 29 indicates a significant association between the value public health participants ascribed to the seven study manuals and their order of occurrence. No trend was evident as to the order of occurrence; however, there were significant differences between the ratings of the various manuals. As measured by the percentage of responses in the high value category, the order of importance for the manuals was program number six, Our Public Image; three, Communication; four, Cooperation; five, Culture and Community Health; seven, Questions and Answers; one, Introduction to a Continuing Education Program; and two, Group Discussion.

TABLE 29.--Comparison of the expressed degree of value of the seven study manuals in the interpersonal relations series in order of occurrence by North Carolina public health workers

Manual Number[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
One	137	11.7	585	49.9	451	38.4	1173	100.0
Two	202	16.0	614	48.6	447	35.4	1263	100.0
Three	67	4.7	436	30.6	922	64.7	1425	100.0
Four	74	5.3	483	34.9	838	59.8	1400	100.0
Five	103	7.7	607	45.5	624	46.8	1334	100.0
Six	29	2.1	324	23.7	1013	74.2	1366	100.0
Seven	112	11.0	478	47.1	426	41.9	1016	100.0

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[a] Significant

Group discussion sessions.--Table 30 shows a significant association between the value public health workers ascribed to the seven group discussion sessions and their order of occurrence. No trend was evident in the order of occurrence; however, there were significant differences between the value ratings of the various group discussion sessions. As measured by the percentage of responses in the high value category the order of importance for the group discussion sessions was session number six, Our Public Image; session number three, Communication; session number four, Cooperation; session number two, Group Discussion; session number five, Culture and Community Health; session number seven, Questions and Answers; and session number one, Introduction to a Continuing Education Program.

Size of Local Health Departments[1]

The values public health participants ascribed to the three components of all seven programs were examined to test their association with the size of local health departments. The results of the chi-square test of association between size of local health departments and the value of the seven television presentations are found in Table 31; seven study manuals in Table 32; and seven group discussion sessions in Table 33.

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[1] State Board of Health personnel were not included in these tables.

TABLE 30.--Comparison of the expressed degree of value of the seven group discussion sessions in the interpersonal relations series in order of occurrence by North Carolina public health workers

Group Discussion Session Number[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
One	198	15.7	538	42.6	526	41.7	1262	100.0
Two	112	8.7	412	31.9	768	59.4	1292	100.0
Three	72	5.0	369	25.8	988	69.2	1429	100.0
Four	117	8.3	428	30.3	865	61.4	1410	100.0
Five	125	9.4	473	35.5	735	55.1	1333	100.0
Six	52	3.8	301	21.9	1022	74.3	1375	100.0
Seven	121	12.6	394	40.9	447	46.5	962	100.0

---

[a] Significant

Television presentations.--A significant association was found between the size of local health departments and the value public health participants placed on the seven television presentations (Table 31). As the number of employees in health departments increased, the value ascribed to the television presentations decreased. As measured by the high value category, 70.6 per cent of the participants in small health departments, 65 per cent of those in medium sized departments, and 51.7 per cent of those in large health departments checked this category.

Study manuals.--Table 32 shows a significant association between the size of local health departments and the value the participants ascribed to the seven study manuals. As the size of the department increased, the value ascribed to the study manuals decreased. As measured by the high value category, 64.7 per cent of the participants in small health departments, 60 per cent of those in medium sized departments, and 45.3 per cent of those in large departments checked this category.

Group discussion sessions.--Table 33 indicates a significant association between the size of local health departments and the value the participants ascribed to the seven group discussion sessions. As the size of the department increased, the value ascribed to the group discussion sessions decreased. As measured by the high value category, 64.6 per cent of the participants in small health departments, 62.9

TABLE 31.--Degree of expressed value of all seven television programs in the interpersonal relations series and the size of local health departments

Size[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Small	49	5.3	225	24.1	659	70.6	933	100.0
Medium	263	7.3	992	27.7	2329	65.0	3584	100.0
Large	471	14.2	1127	34.1	1709	51.7	3307	100.0

[a] Significant

TABLE 32.--Degree of expressed value of all seven study manuals in the interpersonal relations series and the size of local health departments

Size[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Small	34	3.5	306	31.8	621	64.7	961	100.0
Medium	164	4.6	125	35.4	2130	60.0	3549	100.0
Large	367	11.2	1428	43.5	1490	45.3	3285	100.0

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[a] Significant

TABLE 33.--Degree of expressed value of all seven group discussion sessions in the interpersonal relations series and the size of local health departments

Size[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Small	68	7.1	270	28.3	617	64.6	955	100.0
Medium	268	7.7	1021	29.4	2187	62.9	3476	100.0
Large	332	9.8	1213	36.0	1827	54.2	3372	100.0

[a] Significant

per cent of the medium sized departments, and 54.2 per cent of the large health departments checked this category.

Location of Health Departments[1]

The values public health participants ascribed to the three components of all seven programs were examined to test their association with the location of local health departments. The results of the chi-square test of association between location of local health departments and the value ascribed to the seven television presentations are found in Table 34; seven study manuals in Table 35; and seven group discussion sessions in Table 36.

Television presentations.--Table 34 shows a significant association between the location of local health departments and the value the participants ascribed to the seven television presentations. The coastal plain region gave the presentations the best rating, followed by the mountain region, and then the piedmont.

Study manuals.--Table 35 indicates a significant association between the location of local health departments and the value the participants ascribed to the seven study manuals. The coastal plains region gave the manuals the best rating (63.3 per cent in the high value category), while the piedmont and mountain area participants both placed approximately 51 per cent of their responses in this category.

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[1] State Board of Health personnel were not included in these tables.

TABLE 34.--Degree of expressed value of all seven television presentations in the interpersonal relations series and the location of local health departments

Location[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Mountain	89	8.5	351	33.4	610	58.1	1050	100.0
Piedmont	536	12.3	1344	31.0	2463	56.7	4343	100.0
Coastal Plain	168	6.8	650	26.2	1668	67.0	2486	100.0

[a] Significant

TABLE 35.--Degree of expressed value of all seven study manuals in the interpersonal relations series and the location of the local health departments

Location[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Mountain	81	7.6	438	41.0	549	51.4	1068	100.0
Piedmont	388	9.1	1721	40.2	2175	50.7	4284	100.0
Coastal Plain	93	3.8	816	33.0	1566	63.4	2475	100.0

[a] Significant

Group discussion sessions.--A significant association was found between the location of local health departments and the value the participants ascribed to the seven group discussion sessions (Table 36). The coastal plains participants placed 65.9 per cent of their responses in the high value category, followed by 57.5 per cent of the piedmont participants, and 53.7 per cent of the mountain participants.

State Board of Health Versus Local Health Department Personnel

The values public health participants ascribed to the three components of all seven programs were examined to test their association with the place of employment of the participants. The results of the chi-square test of association between the place of employment and the value ascribed to the seven television programs are shown in Table 37; seven study manuals in Table 38; and seven group discussion sessions in Table 39.

Television presentations.--No significant association was found between the value the participants ascribed to the seven television programs and their place of employment (Table 37). Local health department personnel rated it slightly higher; however, it was not significant.

Study manuals.--Table 38 indicates a significant association between the value the participants ascribed to the seven study manuals and their place of employment. Local health department personnel placed 54.4 per cent of their

TABLE 36.--Degree of expressed value of all seven group discussion sessions in the interpersonal relations series and the location of local health departments

Location[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Mountain	97	9.2	393	37.1	568	53.7	1058	100.0
Piedmont	402	9.2	1453	33.3	2506	57.5	4361	100.0
Coastal Plain	163	6.7	664	27.4	1596	65.9	2423	100.0

[a] Significant

TABLE 37.--Degree of expressed value of all seven television presentations in the interpersonal relations series and whether the participants were local health department personnel or state board of health personnel

Type of Personnel[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
State board of health	146	12.0	378	31.0	695	57.0	1219	100.0
Local health departments	783	10.0	2344	30.0	4697	60.0	7824	100.0

[a] Not significant

TABLE 38.--Degree of expressed value of all seven study manuals in the interpersonal relations series and whether the participants were local health department personnel or state board of health personnel

Type of Personnel[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
State board of health	159	13.7	539	46.6	459	39.7	1157	100.0
Local health department	565	7.3	2989	38.3	4241	54.4	7795	100.0

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[a] Significant

responses in the high value category, while only 39.7 per cent of the State Board of Health personnel checked this category.

Group discussion sessions.--Table 39 shows a significant association between the value the participants ascribed to the seven group discussion sessions and their place of employment. Local health department personnel rated it higher than did State Board of Health personnel.

TABLE 39.--Degree of expressed value of all seven group discussion sessions in the interpersonal relations series and whether the participants were local health department personnel or state board of health personnel

Type of Personnel[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
State board of health	129	10.6	405	33.3	681	56.1	1215	100.0
Local health department	668	8.6	2504	32.1	4631	59.3	7803	100.0

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[a] Significant

CHAPTER IV

COMPARISON OF THE THREE COMPONENTS OF ALL SEVEN PROGRAMS[1]

The purpose of this chapter was to test the null hypothesis of no association between a comparison of the value the participants ascribed to the seven television programs, seven study manuals, and seven group discussion sessions.

Table 40 indicates a significant association. As measured by the high value category, the participants rated the seven television and seven group discussion sessions higher than the seven study manuals. However, the seven study manuals had the least amount of responses in the low category.

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[1] The writer chose to put this one table in a separate chapter because it was not adaptable to the format of the other two.

TABLE 40.--Comparison of expressed degree of value of television presentations, study manuals and group discussion sessions for all seven programs in the interpersonal relations series by North Carolina public health workers

Component[a]	Low		Medium		High		Total	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Television	929	10.2	2723	30.0	5436	59.8	9088	100.0
Study manuals	724	8.1	3532	39.3	4721	52.6	8977	100.0
Group discussion	797	8.8	2915	32.2	5351	59.0	9063	100.0

[a] Significant

CHAPTER V

SUMMARY AND CONCLUSIONS

Background

The purpose of this research was to determine the reaction of public health workers in North Carolina to the three components of the seven programs in the Interpersonal Relations Series of the Continuing Education Program.

Methodology

The data used in this study were obtained during April and May of 1968 from public health employees participating in the Continuing Education Program. This included both State Board of Health and local health department personnel.

An evaluation form was constructed to obtain the information needed for this study. The data were analyzed using the facilities of the Public Health Statistics Section, Epidemiology Division of the North Carolina State Board of Health.

The following hypotheses were developed:

1. There is no association between the value the various disciplines in public health ascribed to the television presentations, study manuals, and group discussion sessions and the following independent variables:
    a) Program Number One: Introduction to a Continuing Education Program
    b) Program Number Two: Group Discussion
    c) Program Number Three: Communication

d) Program Number Four: Cooperation

e) Program Number Five: Culture and Community Health

f) Program Number Six: Our Public Image

g) Program Number Seven: Questions and Answers

h) All Seven Programs Combined

2. There is no association between the value all public health participants ascribed to the seven television presentations, seven study manuals, and seven group discussion sessions and the following independent variables:

   a) Topics Covered in Order of Occurrence

   b) Size of Local Health Departments

   c) Location of Local Health Departments

   d) Whether Participants were State Board of Health or Local Health Department Personnel

3. There is no association between a comparison of the degree of value ascribed to the seven television programs, seven study manuals, and seven group discussion sessions by public health participants.

The data were analyzed using the chi-square test of association. The .05 level of significance was accepted as the level of confidence that would be necessary in order to reject the null hypotheses.

Findings[1]

Of the thirty-seven variables associated with the dependent variable, twenty-three were significantly associated with the value public health participants ascribed to the Continuing Education Program.

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[1] For a summary of the null hypotheses tested, including chi-square values, degrees of freedom, probability levels, and whether rejected, see Appendices A, B, and C.

Value of the Components of the Continuing Education Program by Discipline

Analysis of the data indicated that the various disciplines in public health differed significantly on the value they ascribed to the components of the Continuing Education Program on the following variables:

1. Program Number One: Introduction to a Continuing Education Program
    a) Television Presentation
    b) Group Discussion Session
2. Program Number Three: Communication
    a) Television Presentation
    b) Study Manual
    c) Group Discussion Session
3. Program Number Five: Culture and Community Health
    a) Television Presentation
    b) Study Manual
4. All Seven Programs Combined
    a) Television Presentation
    b) Study Manuals
    c) Group Discussion Sessions

Therefore, the null hypothesis of no association between these variables and the value ascribed to them by the various disciplines was rejected.

While there were variations from one program to another, in general the nurses, health officers, and "other" grouping tended to rate the television programs better than did the secretaries, sanitarians, and laboratory workers.

For the study manuals, nurses and health officers tended to give them the best rating.

For the group discussion sessions, the secretaries provided the best rating, followed closely by nurses, health officers, and sanitarians.

For all three components, laboratory workers tended to give them the lowest percentage of responses in the high value category.

However, it should be noted that over one-half of the responses from all disciplines were in the high value category for the television presentations and group discussion sessions. The same trend was evident for the study manuals except for laboratory workers who only placed 40.7 per cent of their responses in the high value category.

Value of the Components of the Continuing Education Program and Other Selected Variables

Analysis of the data indicated that there were significant differences between the way all public health participants valued the components of the Continuing Education Program and the following variables:

1. Topics Covered in Order of Occurrence
    a) Television Presentations
    b) Study Manuals
    c) Group Discussion Sessions

2. Size of Local Health Departments
    a) Television Presentations
    b) Study Manuals
    c) Group Discussion Sessions
3. Location of Local Health Departments
    a) Television Presentations
    b) Study Manuals
    c) Group Discussion Sessions
4. Whether State Board of Health or Local Health Department Personnel
    a) Study Manuals
    b) Group Discussion Sessions

Therefore, the null hypothesis of no association between the value ascribed to the components of the Continuing Education Program and these variables was rejected.

The following discussion presents a summary of the findings related to hypothesis number two.

Topics covered in order of occurrence.--The television programs were rated of high value in the following order: program number six, four, three, two, five, seven and one.[1]

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[1] Program Topics were:

One: Introduction to a Continuing Education Program
Two: Group Discussion
Three: Communication
Four: Cooperation
Five: Culture and Community Health
Six: Our Public Image
Seven: Questions and Answers

The study manuals were rated of high value in the following order: program number six, three, four, five, seven, one, and two.

The group discussion sessions were rated of high value in the following order: program number six, three, four, two, five, seven, and one.

Size of local health departments.--The smaller the department, the better the value rating for all three components of the Continuing Education Program. The television presentations received the best ratings in the high value category, followed by the group discussion sessions, and then the study manuals.

Location of local health departments.--The coastal plain region gave the best rating for all three components of the Program. The mountain region rated the television presentation and study manuals next best; however, the piedmont area gave the second best rating to the group discussion sessions.

Whether local health department or State Board of Health personnel.--Local health department personnel rated all three components of the Continuing Education Program higher than did the State Board of Health.

Comparison of the Three Components of All Seven Programs

Analysis of the data indicated that public health participants differed significantly in the value they placed on the three components of all seven programs. Therefore, the null hypothesis of no association between a comparison of the value they ascribed to these components was rejected.

The television presentations received the greatest percentage of responses in the high value category. This was followed by the group discussion sessions and then the study manuals. However, all three components received more than one-half of the public health participants' responses in the high value category.

Conclusions

The conclusions presented below are based on the data presented in this study, the writer's observations, and written comments from public health participants (see Appendix D). This goes beyond what is considered standard data for drawing conclusions; however, the writer feels this is necessary due to the nature of the Project.

1. The Continuing Education Program has been a success in North Carolina up to this point. One only has to scan the tables presented to note the large percentage of responses in the high value category in most instances. Further supporting this conclusion is the small percentage of responses in the low value category.

2. Some programs were more successful than others. Based on written comments, the participants tended to rate the programs down that were presented by panels (number one

and seven). However, program number one may have been devalued for another reason. During the leadership training that was presented to the program coordinators and the group discussion leaders in February and March of 1968, the material covered in the introductory program was also covered in the training sessions. These persons were requested to go back to their local departments or divisions and acquaint their fellow employees with this information in a staff meeting. Apparently, many of them did, resulting in a feeling of repetition when this program was shown.

Program number five, Culture and Community Health, tended to drop in popularity because of monotone speaking and the fact that it tended to be "over the heads" of some.

It should be pointed out in regards to all the programs that many of the counties are experiencing poor television reception from week to week. Some weeks some may not be able to receive it at all. This, no doubt, has had a negative influence.

It should also be pointed out that there are still negative attitudes toward the idea of a Continuing Education Program. It is felt that this can probably be corrected by attempting to mend broken fences caused by lack of proper groundwork in the beginning. However, it will take time, and enough time was not available for the implementation of the Project.

3. Since the programs and manuals have been devised primarily for local health departments, it appears reasonable for the local health departments to rate the Continuing Education Program better than did the State Board of Health. However, it was pleasing to note the close similarity in rating for the television programs and the group discussion sessions. There was a much wider divergence in the rating for the study manuals. The writer would attempt to explain this by the fact that the study manuals tend to "gear in" on local health department problems, and many of the State Board of Health personnel were not familiar with these problems and do not see how the problems applied to their own situation.

4. The television presentations received the best rating, and this might be explained by the fact that the quality of the presentation "sets the stage" so to speak for the participants' attitude toward the manual as well as the group discussion session. The group discussion sessions were a close second (only .8 of a per cent behind). Here the participants have a chance to "become a part of the action." This gives them a chance to talk about problems important to them, something that a large portion of them had not been able to do in the past.

The fact that the study manuals came in third might be due to the influence of the State Board of Health for reasons stated above.

5. The health officers were the least favorably impressed by the idea of group discussion sessions in the beginning; but gradually, as the programs moved along, they became one of the best supporters. One could conclude that instead of finding that their employees were "meddling," they found that there was much to be gained by a frank and honest discussion of the problems that existed -- real or imagined.

6. It was repeatedly expressed to the writer, verbally on many occasions and by many written comments, the desire for the programs to center in on the "meat of public health" so to speak. Judging from the reactions to this series of programs, one could hopefully conclude that the programs to be presented in 1968-69 will be quite successful also. However, this is purely a conjecture by the writer and is premature at this time.

7. It appears that the subject of Interpersonal Relations was a proper one and a much needed one for public health. This is not meant to imply that public health personnel are all bad, but written comments and verbal remarks to the writer have certainly pointed to much improvement in the cooperation between public health workers.

8. Lest one obtain the idea that all is "peaches and cream," the writer wishes to re-emphasize the fact that there are still hostilities toward the Continuing Education Program. However, he would also emphasize the fact that with proper

public relations, these can largely be overcome.

8. Much verbal evidence has been expressed to the writer regarding the effect the time of day for participation in the program might have had on the value received from the programs. There is no data at this time to support this; however, the writer suspects, based on these comments, that those participating in the program in the late afternoon, right at "quitting time," might be less enthusiastic than those in the morning. It would be desirable to add this category to the evaluation sheets for the coming year and attempt to ascertain if any association exists.

9. Finally, the writer would tend to conclude that a Continuing Education Program can be and has been developed that is of interest and value to all the various disciplines within public health as well as to those with various educational levels. It is recognized that this is based on a limited number of programs up to this point and will remain to be conclusively proven.

APPENDIX A

TABLE 41.--Summary of null hypotheses tested pertaining to value of the components of the Continuing Education Program by discipline, including chi-square values, degrees of freedom, probability levels, and whether null hypotheses were rejected

Characteristics	Chi-Square Value	Degrees of Freedom	Probability Level	Failed to Reject (F) or Rejected (R)
Program Number One				
Television presentation	71.69	10	P .001	R
Study manual	13.22	10	P .30	F
Group discussion session	20.32	10	P .05	R
Program Number Two				
Television presentation	6.76	10	P .80	F
Study manual	9.05	10	P .70	F
Group discussion session	15.97	10	P .20	F
Program Number Three				
Television presentation	28.05	10	P .01	R
Study manual	63.21	10	P .001	R
Group discussion session	24.16	10	P .001	R
Program Number Four				
Television presentation	17.07	10	P .10	F
Study manual	Technique not applicable			
Group discussion session	10.48	10	P .50	F
Program Number Five				
Television presentation	32.25	10	P .001	R
Study manual	39.29	10	P .001	R
Group discussion session	12.25	10	P .30	F

Program Number Six				
Television presentation	Technique not applicable			
Study manual	Technique not applicable			
Group discussion session	12.32	10	P .30	F
Program Number Seven				
Television presentation	18.01	10	P .10	F
Study manual	8.31	10	P .70	F
Group discussion session	15.80	10	P .20	F
All Seven Programs Combined				
Television presentations	91.91	10	P .001	R
Study manuals	99.83	10	P .001	R
Group discussion sessions	19.02	10	P .05	R

APPENDIX B

TABLE 42.--Summary of null hypotheses tested pertaining to value of the components of the Continuing Education Program and other selected variables, including chi-square values, degrees of freedom, probability levels, and whether null hypotheses were rejected

Characteristics	Chi-Square Value	Degrees of Freedom	Probability Level	Failed to Reject (F) or Rejected (R)
Topics Covered in Order of Occurrence				
Television presentations	1507.38	12	P .001	R
Study manuals	750.97	12	P .001	R
Group discussion sessions	456.31	12	P .001	R
Size of Local Health Departments				
Television presentations	212.01	4	P .001	R
Study manuals	231.18	4	P .001	R
Group discussion sessions	67.01	4	P .001	R
Location of Local Health Departments				
Television presentations	98.93	4	P .001	R
Study manuals	133.35	4	P .001	R
Group discussion sessions	64.83	4	P .001	R
Whether State Board of Health or Local Personnel				
Television presentations	5.98	4	P .10	F
Study manuals	111.53	4	P .001	R
Group discussion sessions	7.47	4	P .05	R

APPENDIX C

TABLE 43.--Summary of null hypothesis tested pertaining to a comparison of public health participants rating of the components of all seven programs, including chi-square value, degrees of freedom, probability level, and whether null hypothesis was rejected

Characteristics	Chi-Square Value	Degrees of Freedom	Probability Level	Failed to Reject (F) or Rejected (R)
All Components	202.19	4	P .001	R

APPENDIX D

WRITTEN COMMENTS FROM THE NORTH CAROLINA PUBLIC HEALTH CONTINUING EDUCATION PARTICIPANTS*

Program Number One: Introduction to a Continuing Education Program

1. A good overview and introduction.

2. I believe once the programs begin each one will feel free to speak much more freely.

3. This introductory program gave us a very good idea of how these programs came to be and what we may expect in the future.

4. Good to personalize and introduce the series to North Carolina.

5. I believe that this series will be of benefit to all.

6. Although I feel at a complete loss for knowledge in this session, I am very interested and look forward to learning in the future sessions.

7. The first session was not informative enough as to the purposes of this session.

8. This could be done by correspondence.

9. The panel did very well. I'm sure this will be of more value to local health departments. Most of us were fairly familiar with it.

10. Film a good overview of educational program. Interesting, stimulating, approach to subject of educator by panel members.

11. Good for localizing program for North Carolina. Lends personal touch. Should not have much expectation of discussion this session, since there isn't much content to discuss.

12. Have not received study manual.

13. I am hoping I will receive the study manual preceeding succeeding sessions. Answered during discussion session.

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*These comments were typed from the hand written comments on the weekly evaluation forms just as they were without any attempt to make editorial corrections.

14. I think this will improve both interest and value.

15. Really not necessary to go through the whole process for this, however, it helps to know the procedure. There wasn't enough content to merit a ½ discussion. Value is gathering, however.

16. I have been in thirty health departments in the last few weeks and a number of nurses stated they were too busy to watch the programs. This has not gone over very well in most local health departments I have been in.

17. Could develop into a good program.

18. I did not receive a study manual prior to the E. T. V. presentation.

19. Feel will be very effective and beneficial to all health workers and public in general.

20. Introductory sessions are never very interesting. Too early to ask any questions.

21. From what little that was presented on the introduction program, I think it--the future programs--will be very beneficial to me and to my position. I think we all need to know more concerning these areas.

22. I think that this program will be very interesting and educational.

23. I feel that future programs will be of greater value.

24. Being the introductory program, I found it to be vague and I am sure that after we get more into the different topics, it will be interesting and beneficial to everyone involved.

25. This project will give those who don't normally have an opportunity to attend any educational meetings, schools, etc. a chance to learn more about the public health field and, of course, to be more effective as public health workers through our office work.

26. I am interested in learning more about health services and improving the part I have in them.

27. Should have depicted some actual situations for interest in getting persons' interest and be more down to earth. Too general.

28. I feel that group preparation for this program leaves much to be desired. The use of the Study Manual with the T. V. presentation I feel will improve.

29. Too much time devoted to Dr. Wright's upcoming trip. Dr. Hardy cut off too abruptly to end program.

30. Group too large.

31. More introductory information needed.

32. There is really not a great deal of available material after an introduction to discuss.

33. This was a difficult session for T. V. to create interest for listener.

34. Room too small--unable to see T. V.

35. Failed to read the advance material very carefully. The panel discussion seemed a little repetitious.

36. Was not as interesting as I had hoped.

37. Group discussion is the most valuable and interesting part of the program.

38. Very worthwhile. This type of program has been needed a long time. Will this type of program continue yearly, or cease after this one?

39. I feel these programs will be beneficial to everyone in the health field.

40. Need for at least some of the T. V. discussions to be addressed directly to the audience, rather than entirely among themselves. (Those on the T. V. screen) How will this specifically benefit my co-workers and me in delivering better health services to the people of the State and in bettering personal relations?

41. Little profit could be obtained from this program because it was totally introductory in nature, giving a history of how the program originated. The next program I believe should show how profitable the programs can be.

42. I realize that the first group discussion is for a beginning but it was not beneficial to me. This project is of much interest to all concerned and feel we should strive to make it a success.

43. I do not nor can I possibly see how the present format and method be called "Continuing Education." At this rate there will be quite a few "dropouts"--I'll be one of the first.

44. I think the program is good. After we see more programs, I can tell more about them.

45. This will certainly help the laboratory workers and secretaries have a better understanding of the local level.

46. This program offers a challenge to all to improve the health services and the quality of services to our consumer.

47. This is going to be a very interesting experiment in education. It should prove very informative to all workers if taken seriously.

48. The discussion leader should have leading questions or statements to bring before the group in order to bring out the discussion.

49. Space provided is cold today and very noisy. This discussion session, although the material had been presented in the study manual and E. T. V., was stimulating for a beginner.

50. The director of the T. V. program and the group discussion leader should have an outline of subject matter to be discussed.

51. The material in this first program was adequately presented by memos, etc.

52. "We're Getting Started."

53. Though this group had a good discussion. Most expressed being pleased with opportunity to meet other people in different divisions. Think the format of the study manual might be improved. Members of group didn't realize the colored sheet was the study manual. Couldn't it be labeled as such?

54. Sorry I missed the first session, but I am very interested in the Continuing Education Project.

55. Cannot evaluate due to poor T. V. reception.

56. I thought the intent and content were very good. It was particularly good to have Dr. Koomen and Dr. Wright, home folks, to kick the program off.

57. Not much content in first program to discuss.

58. I enjoyed the program and think it will be helpful in all areas of public health work.

59. Going into the program with very little knowledge of what it was all about, I learned quite a lot and found it very interesting. I look forward to the remaining programs. I expect to have more questions after my knowledge of the program increases!

60. Too much time spent on "What this series of programs hopes to do and will be comprised of" instead of presenting subject matter for todays topic. We had already been briefed at previous meeting (in detail) about program outline, purpose, statistics, speakers, etc. Too much "base" in voice, needs adjusting at T. V. station.

61. The opening comments in the first program were so general in nature that it would be difficult to comment..

62. This appears to be the beginnings of something that I have felt a need for since the day I completed P.H.N. training. I'm so glad to have this opportunity in this Continuing Educational Program. Would it be possible for the speaker to look directly at the viewing audience when the camera is "closeup." It would greatly improve the delivery. (I know it is difficult to do, but it would be more effective.)

63. I'm pleased by your presenting this Educational Program to the whole staff. I feel like it will be more effective in helping the Department than a few participating.

64. This introduction was very adequate and informative, however, I think it might have been more effective had only one person given the presentation.

65. I feel that these programs will be of great help to the P. H. Workers in this area. Thereby we should be able to better serve the public. Will the programs cover the problems or complications of the communicable diseases?

66. We had poor reception for initial telecast; local T. V. jobber had difficulty obtaining antenna, was making installation during telecast. T. V. set needs some kind of filter to suppress combustion--noise of passing vehicles. Really hard to make fair judgement of T. V. portion in face of reception difficulties. Discussion value should improve when we have something to discuss!

67. Poor reception, speakers not clearly understood but that which was clear was most informative.

68. Will there be a compiled summary of reactions following the series?

69. Discussion group was cut short due to conflicting schedules. I do feel that this will be a most interesting addition to this program.

70. Dr. Koomen's voice did not carry well.

71. This is going to be a great help for better services in homes.

72. Interest high but presentation was poor. One person could have presented it with more clarity and color. Too much time was spent talking about what we could read. We could have gone on to more important issues (e.g. attitude) sooner.

73. This program has potential--but at this point it is hard to judge as we are involved with introductions, etc.

74. T. V. Program ill prepared.

75. After program was explained, I enjoyed the discussion. I hope to participate next time.

76. Sounds interesting and when you get in the field we all need to know more.

77. Need for written program identifying television participants and their roles in Public Health possibly to be sent with Study Manual.

78. A great educational force is being released to public health workers through this media. The most remote areas, all can be reached and public services should be improved as a result.

79. (1) Feel participants should have introduced themselves.
(2) More explanation concerning district elements.

80. T. V. program evidence of cooperation, planning, involvment; would have liked more excitement, action, and enthusiasm. Examples of how this applies to local level. Could you shorten first program and get on with something concrete to take out? Probably not--on second thought.

81. I believe a little more emphasis and enthusiasm should have been made on coming subjects. But, I also think if staff members will brief themselves on subject matter prior to T. V. showings discussions will be more valuable.

82. I feel the first session should give more of a general idea about the coming sessions rather than take up so much time with background. Will all of these sessions be generalized or will they go into specifics?

83. We still are not sure what specific information will be presented. I only know how the project was organized for presentation but have few ideas as to what will actually be presented.

84. Program was adequate for explaining what is to come on future program.

85. The first program or session of any type education program is always important in giving a background and laying a foundation for the coming sessions. This first program was definitely planned for such a purpose and was very helpful in establishing a point at which the individuals could begin their own thoughts and discussions in order to help communications in the group discussion.

86. The only complaint was program had a tendency to drag.

87. A better statement of objectives and/or purpose could have been introduced.

88. Continuing Education Project serves to aid me at the reception desk, answering the telephone and serving the public. It also will aid me in improving better health services. Very informative. The secretary's purpose is continuing Educational Health Services!

89. First program could have been eliminated from the T. V. Series. The expense of its production could well have been directed to a more specific training session. The program today could have been presented with equal value and effect in printed form. Will the instruction sessions be purely academic and objective, or will they be interlaced with political implications for the aggrandisement of the administration in office at the time.

90. I think that by having Interpersonal Relationships Sessions first, we may be able to better communicate through the rest of the sessions and through our work.

91. I feel that the program today was good. The background is important; however, I think the coordinators in our health department covered this well before the program started.

92. The staff needs more education from the State Department Representative.

93. The total staff did not meet for the discussion.

Program Number Two: Group Discussion

1. E. T. V. presentation was well planned and valuable but proper time for the session was not given. It was demonstrated very quickly and I observed in the (local) group discussion that many members had not watched the E. T. V. presentation carefully and had missed important points. It was not understandable to me that more than 50% of members of Group No. VI had negative reaction and had negative attitude for E. T. V. presentation. Why it is so is a big question?

2. The group didn't discuss the subject. The leader didn't make any attempt to lead the group into talking about group discussion.

3. Generally an insult to our intelligence; and saturated with redundancy. When will it develop into something pertinent?

4. This is good. It gives the different people and the divisions an insight on the people and the workings of the other divisions within the health department.

5. How to get better ideas from each other? How to aid better service?

6. T. V. reception was poor. Feel interest would be greater if this could be improved.

7. This session was much better done and appreciated than session 1.

8. Much better.

9. Program much improved from last week.

10. Need more "resource people" to explain scope and function of various sections for benefit of new personnel and older employees who might need new information.

11. Group discussion is too often only opinions of a few, not the who group; each member needs to be respected for his opinion by every other member of the group.

12. The film is valuable, in that it stimulates interest. I feel that the various disciplines meeting together creates a better understanding of each other.

13. I think that the "overview" was a bit too sketchy in session description--structure.

14. Much better than last week from T. V. reception down. May sound funny but I believe we would have had better response to this session first then last session today. Sort of like T. V. starting a program and then breaking to give the title credits--attention getter?

15. Good to promote better interpersonal relationships and to define future goals. If new methods are better than previously used, working personnel certainly need to know how to implement techniques.

16. Better organized program on the whole.

17. This session was more interesting. The T. V. program was better.

18. An improvement over first session.

19. T. V. presentation was too repetitious and most conducive to follow-up Group Discussion. Very little, if any, tangible facts for practical use.

20. Considerably improved over first session.

21. Much, much better than first presentation!

22. The material is of value but not very interesting. The facts were presented and left little for discussing.

23. T. V. presentation was very good, but I felt content of material was insulting to the intellect of the audience. It is my opinion that participants will grow weary of repetition of learning "how to discuss and carry on conversation." When? When? Can we really have something tangible to discuss? With definite goal-subject material we can learn more about difficult disciplines within our department and be able to do a better job of public relationship to the community.

24. Group discussion shows more interest.

25. T. V. program much better organized and of much more value than previous one. If accomplished its objectives and stimulated discussion.

26. Very boring. No value. Childish! I hope people on T. V. program are not being paid for such a poor performance. Waste of my time! No direction. Confusing.

27. Uninteresting, bland, unimaginative, boring, seemingly without purpose, time wasting, unorganized from administrative levels.

28. Most people at this stage understand group discussion and leadership. Let's get on to objectives. I would like to get a copy of State Health Law--total, not just a part or county.

29. The improved T. V. Reception produced more interest.

30. Our discussion group was very informative.

31. More interest shown, especially in discussion.

32. The program, as it has been staged so far, unfortunately comes off as an insult to the viewer's intelligence.

33. I fail to see how this program will further growth of interpersonal relations. My reason is the very nature of the discussion: it has nothing to do with the discipline from which individuals come. It doesn't add to my knowledge for instance, of the individuals in my group and their work. This program will merely enable me to say that so and so was in my group and to recognize him or her in the hall.

34. Very good.

35. I really don't think the program held any interest for the majority. How can a group discuss discussion for a half hour? No interest so far.

36. Sessions gaining momentum.

37. In our group discussion we had participants from several departments and learned much of what other departments in our health department are doing--a most enlightening and informative experience. This type study is one of the best things that has happened to health education in our local department.

38. We were fortunate to have good group members, nurses, nutritionist, clerks, and administrative personnel. We should have same group members each time. Why can't group members be same each time?

39. Hopefully this will encourage an increased use and better use of this method in local health departments.

40. Perhaps in the final discussion session some time could be devoted to the over-talkative member of group who dominates the discussion. A little mention was made of this but could be enlarged on.

41. Needed more detailed information in manual to supplement the T. V. presentation but unable to take complete notes because much content was presented in such a short time.

42. We are becoming a little more relaxed and are beginning to feel that they do have something to offer.

43. Background information on development of project could have been given in written material. A more dynamic over-view of things to come and perhaps actually getting into the beginning of the "meat" with a stimulating program. There seemed not to be enthusiasm on the part of the participants. I'm sorry to be so critical. I do believe the sessions will be good, just disappointed in No. One.

44. Strongly criticize the program for not having introduced the panel members and explained their disciplines.

45. I enjoyed the discussion very much!

46. Participation was good. We are progressing.

47. This session was very interesting and I feel I learned from the discussion, however, it is hard to express my feelings as I have a tendency to listen.

48. Useful in getting the group to talk out feelings and purposes. Although useful, we need to get to the "meat."

49. Discussion group was lively! I would suggest having an observer.

50. There is a great need in this area, but I felt little stimulation from the session as it was presented. Would it be possible to do a comparative session or discussion? Have a discussion with conflicting personalities and disagreements and then in the same session show how the same problems could be solved showing the difference of opinions but less conflict in personalities by good channeling?

51. I felt the T. V. Model of a group discussion was very good in that it clearly portrayed the roles of the discussion leader and the participants.

52. Very good program--especially enjoyed the summary (listing characteristics of good group leader.)

53. Out of our discussion was a proposal concerning discussions within our own sections. The growing enthusiasm for the education project is apparent and participation was good.

54. I feel that these discussion periods would be much more interesting, to all persons, if we have a particular subject to discuss.

55. Wasn't much better than the first one!

56. Nice to have clerks, etc. included in group as technical people constantly show a look-down attitude which even came out in the example of "throwing the clerk an easy question in her field" to draw her into the group.

57. Discussion sessions would be more beneficial if they were interdisciplinary--laboratory workers in groups with other health department disciplines (Nurses, physicians, sanitarians, health educators).

58. This session was a bit more enlightening than the previous session. I believe these sessions can be quite rewarding.

59. Interesting comments and observing individuals contributions verbal and non-verbal.

60. Varied from group discussion to office orientation. Failed to cover preparation of each member prior to the discussion period.

61. I don't feel a part of the Health Department.

62. I felt this T. V. and Discussion was much more progressive to each member. The value is high and giving much help to me individually. I feel confident of some members need--but may develop as each group is presented.

63. Summary was very good, however, group discussion on E. T. V. was somewhat stiff and seemed "practiced."

64. What is a public health group?

65. The music prior to problem was rather "wild" and inappropriate. The need for different disciplines in a group was discussed, but the members of the group on E. T. V. were not introduced or their disciplines they represented.

66. Group Discussion is of extreme importance to each Public Health Worker in order to gain understanding of the over-all effort of Public Health. We have been very weak in our efforts to comprehend general aspects.

67. Felt it would have been beneficial to have introduced panel members.

68. Dragging out--let's move on.

69. Once the clerk made her one contribution, she made no more nor was she drawn into the discussion again.

70. I feel that every effort has been made to inform local health workers about this program as plans developed. The material we have received by mail has been most informative

71. I would like to hear an account of Dr. Wright's tour of duty on the "USS Hope."

72. A very good presentation. Good reception on cablevision.

73. I feel that the group discussion would have had better participation by the group if the program coordinator and assistant coordinator had not monopolized the discussion.

74. Very enlightening on the different types of group discussion.

75. E. T. V. participants should be introduced by name. We did not know who was doing the talking today.

76. This would be very constructive if we did apply the things given. However, there was injected feelings from Mrs. Webb that I feel did antagonize the group.

77. Am anxious to discuss specific topics.

78. Very good discussion at this session.

79. This was helpful in giving good points for leadership and getting discussion within the group. How to get individuals to speak up?

80. I was quite confused as to what the first part of your program accomplished. It did not seem to me that it was a typical group discussion. Our group discussion was what saved the program for me.

81. Very good illustration of group discussion--excellent summary.

82. No time for group discussion following program (preschool clinic).

83. Our local educational session was quite obviously a very unsuccessful one in view of the fact, that a portion of our staff had never participated in a group discussion before. Another factor making this especially true was that the program coordinator and assistant coordinator conducted this in a domineering manner rendering this one unproductive.

84. This discussion was not of particular interest to me, but the material was certainly of value for future presentations. Program needs more life or "spunk." It is draggy.

85. A program on group discussion would be a difficult one to make stimulating and unfortunately our group did not appear to be stimulated. Many employees were educated in a program that did not incorporate groups discussion into its general pattern, and therefore see little value in group discussion. The program did not alleviate the general attitude.

86. Interesting for large group. Since we are only three in this department, we won't encounter the problems the larger groups have.

87. The T. V. group discussion improves communication among individuals. Will help exchange of information and experience.

88. Television series was of value because it showed how all disciplines must share in group discussion for each to know the other's goals and achievements. The manual was of value to me as a new employee because it showed me the objectives of this continued education project.

89. This was a very short hour. My interest and attention was held at all times.

90. Although I am not able to participate in the group discussions I think it is really something wonderful that has happened in our Health Department. We should be thankful to have the privilege to participate in these T. V. programs.

91. The Group Discussion was better than last. The group was more at ease.

92. No mention of Lab. Personnel as yet.

93. I believe that most of the material presented has been vague. Am looking forward to future discussions.

94. I feel the discussion group was valuable today as we became acquainted and set up standards for our group.

95. Since we are a small department I feel that this program is exactly what we are involved in whenever we get together, and our employees are more or less aware of what each discipline is doing. In this session on "Group Discussion" why wasn't the panel introduced?

96. Program appears too late in afternoon, most of staff too exhausted to really grasp the situation and discuss problems.

97. We need more discussion inter-department wise.

98. Too much apathy among members.

99. If possible--needed unrehearsed group discussion for participants to evaluate in group discussion.

100. Group discussions have been held in this department for years and we have been following guidelines for effective discussions for many years.

101. Really enjoyed T. V. program today. Brought out many points that will be advantageous to all concerned. Also, our group discussion today helped me immensely.

102. Program will definitely assist employees in team-work, which I feel very important to public health.

103. Directors blackboard outline might have been of more value to the discussion if it had come first.

104. Facilities for discussion aren't good but facilities for viewing E. T. V. is all right.

105. The film perhaps should do more clarification on "Feedback" and relate it to how the groups can use it.

106. I feel that every member of our group is comfortable, mentally and physically, and will do well as a group leader at some later discussion.

107. We feel our inter-disciplinary group is handicapped by lack of participation of one division (environmental health).

108. This is an area in which we were real interested, and a spirited discussion continued.

109. I feel that group discussion formal or informal hinges on the subject discussed; the security of the persons discussing and everyone's freedom to express their opinions so they remain an accepted part of the group. I did not feel this point was even mentioned much less discussed.

110. This program concerned the secretary or the receptionist which was of very much value and interest to me.

111. It was hard to discuss "discussions."

112. I personally think if the group were divided into half there would be better participation in the discussion. I would be too shy to say anything in a group this big.

113. Presentation and discussion was interesting and informative; however, discussion wandered off the subject at times.

114. Group decided that better communication between offices is most important and lacking in our department. Some suggestions are a newsletter and staff meetings.

115. This program was a great improvement over last weeks farce. We still feel the need of getting into some worthwhile subject matter.

116. Program was too short.

117. Introduction of panel would be of interest to viewers. Program appeared pre-planned instead of spontaneous. It did follow and cover adequately centrex of manual. Interest will mount more when specific topics are discussed.

Program Number Three: Communication

1. To attempt to teach the science of audio dynamics to lay groups, non-medical, is not unlike attempting to teach auto drivers the science of internal combustion, or what makes the car go. (1) Why not stress the importance of adjusting to the intellectual level of the listener and (2) Use good rhetoric and diction?

2. Good presentation of principles of communication. Speaker good. Group discussion poor due to domination of group by certain speakers and failure on their part to apply principles of discussion!

3. This is certainly an important subject as the various cultural and intellectual levels of different patients vary so much. So few people understand medical terminology. Medical personnel must adjust their language to the level of the patients involved.

4. Vital subject. Could spend more time on it.

5. More participation in the discussion by the members of the group; all areas discussed some of their problems relative to their work.

6. The very best program yet. It further proves the point that they should have had professional speakers to deliver the first two sessions.

7. The study manual which serves as a supplement to the program shows and communicates more information in general than the program itself. The interest was of a high level, however, the value was not as interesting as the manual.

8. Very good in every respect. Be prompt, alert to all persons that come in.

9. Had much of this and in greater detail in nursing school--but was good review.

10. Effective growth of any organization depends on good communication with all concerned.

11. I thought Dr. Heaton was a dynamic speaker.

12. This presentation was very informative and helpful.

13. Is there any follow-up material that can be used for further study?

14. I have enjoyed this session more than any of the others.

15. Since everyone did not know each other, the group discussion was not spontaneous enough. The leader asked specific individuals direct questions which got things going, but why did we learn in Group Discussion Session last week not to do this?

16. An excellent presentation and example of effective communication.

17. The more our group meets the better it becomes.

18. I think we are developing more understanding among ourselves. Subconsciously, as individuals; and consciously, as a group.

19. This was a very interesting program. It was presented in a very interesting manner. If we feel we are not going to be understood to begin with, why should we even try to explain or communicate.

20. Study manuals are excellent!

21. Group a little large, however it began to work together. I appreciated the low key pressure for talk. The silence seemed useful to me for the thought process.

22. Some content in E. T. V. seemed to be presented in a negative way which might have caused confusion and concern in the group. e.g.: "Always expect to be misunderstood."

23. This program was well presented, very interesting, and I would like for Dr. Heaton to present many more of our programs. He is a master at communicating.

24. Very well presented. Background material well integrated to subject matter which made presentation very interesting and informative.

25. The comment about the different educational backgrounds of the health department personnel needing an understandable E. T. V. in this continuing education project was good. We're falling down in our orientation of new workers or need to repeat it periodically--these disciplines don't know what each other does.

26. Better than first two, good presentation. Could use more examples and not dwell on diagram too long. Discussion session had more participation. This is still "new" to some in the group--they don't seem to be sure enough of themselves to join in. Am I communicating?

27. Trite, elementary, common.

28. Leader should not be selected by considering seniority only but by considering the training and duties; otherwise, the leader should be selected by the group members themselves. Leader of this group VI complained that members are being changed in every meeting. There are 18 members in this group. It seems there is a need of Better Communication between the leader and the coordinator. Why make the people accept a leader who they do not want. This whole project is very useful. Will it make the group discussion more contributive and useful if some sort of discussion points are given in advance?

29. E. T. V. too much emphasis on technique of communication; examples or people talking to demonstrate communication indicated.

30. Very interesting. Why not include vocabulary?

31. I feel this is one of the best discussions we have had.

32. T. V. presentation provoked thinking regarding our communication.

33. Very good for personal and interpersonal relationships.

34. We need more knowledge of all health services in N. C. and in Charlotte, Mecklenburg County.

35. How do we improve this delivery?

36. Very useful and important topic. Dr. Heaton did an excellent job of presenting his topic. Am very anxious to hear next week's presentation on "Cooperation." How can the General Public be better informed to the eligibility of services available from the Health Department?

37. Not enough participation in group discussion to really discuss the specific problems.

38. I believe the presentations could be made much more interesting. I left the program with the thought "They must think we're toddlers. Perhaps some illustrations would perk things up. The points brought out were very thought provoking.

39. This is an area of greatest need in the world today. If one would listen with "all" the senses, try to understand what is really meant and realize what one says is not always what one means, the world would be a better place in which to live today.

40. If discussion could have followed T. V. presentation would have been more effective. Group represented only nurses and secretaries. Needed for other staff representation to participate.

41. As a visitor to this group, I felt there was good leadership and good group rapport. They grouped together and stuck to the subject.

42. I feel that the value of each can only be learned later. The group discussion was held five days later, and interest was low. I feel immediate discussion must take place.

43. I feel as if you are not adding to my knowledge but conducting this program as if I had no background or knowledge through experience.

44. Increase intellectual level, please.

45. The E. T. V. presentation was the best yet, very good communication between the leader and our group. Mr. Mills did an excellent job of the discussion group.

46. Presentation very good. More said in 25 minutes on the subject than I have heard in days of other types of communication courses.

47. Recommend that a programmed course entitled "Effective Listening" be included at a later date. Available from USPHS.

48. The simplicity and directness of this presentation was most impressive. Perhaps the most valuable session thus far, mainly because it was so personal.

49. The E. T. V. presentation was the best yet. Very good communication between the leader and our group. Mr. Mills did excellent job of the discussion group.

50. Very interesting. Shouldn't communications be practiced among co-workers--not just the public?

51. Good relationship with individual is of great importance and by creating interest and careful listening a great deal can be accomplished. Creating belief in individual is beneficial.

52. We have a definite lack of communication in the lab.

53. I disagree with statement: "Always expect to be misunderstood."

54. It's too bad we could not have had this dynamic person to begin the series of E. T. V. lectures. He might have inspired greater enthusiasm for the project.

55. The "Group Discussion" was not group discussion. No one communicated.

56. Do we have to start with the negative idea--"We will not be understood?"

57. The explanation about the process of communication was extremely good as was the emphasis on being a good listener.

58. The ability to communicate is one of the most valuable arts that one can have in order to deal successfully with the public. So take time to listen, understand, and to let it be known that you care means much. Did the speaker speak low or was this due to our local situation?

59. Most interesting and helpful. Rich and meaningful. Surely not always expect to be misunderstood; often, but not always.

60. Today was our first class. The interest was so great that several of us who could came in early on the second day to see the same program again.

61. Illustration about the cricket was very good and was a good example of listening.

62. Too wordy.

63. This presentation was the best yet in content. Will give us something to think about and help us to improve relationships with those we must communicate with.

64. I think this was progressive and very excellent in the field of communication.

65. Increases my awareness of the concentrated perceptions needed for individuals to effectively communicate. Most important statements, you should assume you will be misunderstood. You can always hear what you're listening for.

66. E. T. V. seemed more like a sermon which I needed. Group discussion very helpful. Topic is one that is surely needed.

67. Very good presentation. Material or ideas are fundamental to all of us. However, they or we should be more conscious of these reflex actions. This presentation has called these to our attention, and we should (must) use them. We must all learn to listen, for if we fail to listen, how then can we respond to what we hear.

68. Manual was more valuable on this session. I still have a family that I nor my co-working R. N. evidently have been unable to communicate with. "Yesum, yesum, we will be in Tuesday afternoon." Tuesday has not come after several months.

69. As a health worker with contact of foreign lands, how can you break the language barrier?

70. I feel this was a most interesting talk but he didn't say how to make it "work." I do feel most of our difficulty comes under "lack of communication." How can we make it work? I realize it is a slow day to day process but would like to talk with Dr. Heaton and ask him direct questions.

71. Group leader points out individual to express himself instead of forming a discussion group. I believe you should let the person speak when he or she has something of interest to say. I believe these discussions are causing hard feelings between your fellow workers. I'd like to know why we were put into two groups when the majority wanted one group?

72. I have a better understanding of knowing how to listen, showing kindness, and to give of myself.

73. Dr. Heaton is excellent in the presentation. I'd like to see an entire series developed around the type of communications.

74. Very interesting. Should be of great value to all regardless of their specific area.

75. The E. T. V. presentation was very interesting and challenging to me as a public health student nurse.

76. A very good presentation, the tone of voice was excellent. Would there be more available information on silent communications?

77. How about an example of conversation presenting a special problem of communication.

78. This is an important part of Public Health work and I found this program most interesting and very well presented.

79. Could role playing have been used to depict effective and non-effective communication? How do you develop trust from an administrative standpoint in a total health department staff; prevent cliches and motivate guardians of the "Status Quo?"

80. T. V. reception poor. More stress on interstaff communications.

81. Very good. Stimulating. A very applicable subject. One that causes one to make an evaluation of one's own communication.

82. The topic was well presented on T. V. and aroused a good response among our group. Good and bad communications in our department was evaluated by all present.

83. Well presented and if applied in our own everyday living and working with people, should be very beneficial.

84. Did think we would be shown examples of actions to look for. Felt manual was very good. Without the grapevine in our department we would be lost. Public opinion (by grapevine) is always welcome and very much respected here.

85. (1) Subject good. (2) Too much time on elementary communication. (3) Speaker too slow for a faster person.

86. This program was rather dry and dull. There was nothing to hold my interest.

87. T. V. program much better this week and led to a good discussion. Manual was more interesting and had a lot of good points.

88. When a complaint regarding sanitation is made, how do you stop a person from giving all details which they will have to repeat to sanitarian? The same question would apply to a nursing problem.

89. Delivery too preachy and wordy. An illustration of how to talk with a patient would have been interesting.

90. I think this subject could have been presented in less technical manner. It would have been of greater value to the group

91. Very informative. There were things brought out that were of great value to me. How can we as a group learn how to communicate with our fellow workers without embarrassing them.

92. The information in E. T. V. presentation was wonderful, but diagram made talk seem long and complicated when it was actually very good and simple.

93. This was a very appropriate choice, since as a public health worker, we need to be able to communicate with patients in a manner they can comprehend.

94. Thought every aspect was well covered.

95. This was a most interesting program, and I hope I can apply much of the information. Sure will try.

96. Study manual better than the first two manuals.

97. We needed more time to discuss this topic, particularly in the realm of communication within the health department, interagency communication, etc. that are ultimately barriers to delivery of health services. Two sessions, instead of one, would have been helpful.

98. Group discussion was slow, as we were all trying to listen someone commented. Enjoyed E. T. V. presentation.

99. Use "Golden Rule" and we will cover anything needed.

100. Finally T. V. presentation is getting somewhere, T. V. program raised good issues for discussion, it finally had something of value for us.

101. Not enough general interest in group discussion. Seems to me that more specific personal problems and experiences would lead to more interesting discussions.

102. If we talk to people who come to us for help talk as they do in these meetings, communications will be poor; that is, mumble, keep hands over mounth; chew our glasses, etc. etc.

103. Study manual material much better. I still would like to know a little more about our speakers in the T. V. program.

104. A challenge of overcoming barriers in all departments were projected with each showing a sincere interest.

105. The discussion was very enjoyable and worthwhile. I think the discussions will help us to get to know each other better and be able to work as a group better. Our television reception was not as good as we need.

106. I thought this week's program was the best we have had. It was on a subject that applied to all, not only to the public health workers but the public as well. I think we all can improve a lot in communication.

107. Very good presentation by T. V. Instructor. Gave much to think about and challenged us to improve our ways of communication.

Program Number Four: Cooperation

1. Good.

2. Very good. We should understand the person.

3. Most helpful. Makes one realize the great need for helping your fellow man and also accepting help in making better relations.

4. Of 19 people 10 contributed plus group leader. How to obtain better participation?

5. As one person pointed out in this discussion, I think it takes all kinds to make a world and to learn to live cooperatively in all ways of life.

6. Wonder if study manual had been reviewed in view of no reference made to it during discussion.

7. Please identify speakers by their qualifications and present position; both on E. T. V. presentation and in study manual.

8. Blackboard notations are too small. It would be helpful to know who the speaker or teacher is and what his background is.

9. We seemed to have slipped back into our shell as far as contributing our ideas.

10. Technical problems with T. V. reception still greatly detract from that part of the session.

11. The success of the group discussion mainly depends upon the leader. The leader of today's group was an expert health educator having knowledge of group dynamics and rich experience. Miss Laura McMillan, the leader and health educator worked as a stimulator, summarizer, co-ordinator and increased the quality and quantity of participation. Out of 17 members 16 participated and made good points. The participation increased from 28% last week to 94% in this week which is remarkable.

12. This group has been slow to participate. Today all seemed relaxed and interested. Only one member failed to talk.

13. Drop the "funny" i.e. humorous examples.

14. The question arose in group discussion that it is impossible to have cooperation to any extent in a larger health department. Why can't there be more cooperation between disciplines?--And in larger health departments.

15. Did not really stick to the subject and did not really go very far into subject. Very superficial. I believe by this session that members of this group are able better to communicate and to feel comfortable with each other.

16. Couldn't a speaking program be incorporated to acquaint people with work of each Department and Division? Would be very interesting.

17. A wonderful opportunity to learn and broaden knowledge of Health Department. Technical difficulty--picture not clear--clear speaking. How can the personnel establish sympathetic and harmonious relationship instead of "icy apartness?"

18. Much needed in interpersonal relationships. Since one cannot change a person's uniqueness, how could you change their attitudes? This is a barrier hard to overcome.

19. Very good sessions, interesting. What can be done as a group to better change undesirable attitudes?

20. I don't know about everyone else, but the T. V. series is helping me to loosen up and lose my fear of speaking in a group. I'm also learning things about the health department that I know I never would have had it not been for this series.

21. Very helpful. This should help us in our everyday cooperation, with our co-workers--in accepting the attitudes of others, as well as "trying" to change our own.

22. Seems as if team nursing can be improved. Team leaders should show a more We approach and not so much I attitude. How can team nursing become more cooperative and make the team members feel more of a part of the team?

23. There is a great need for better cooperation of Department Staff.

24. Needed training aids and illustrations. Good opening joke.

25. The presentation was much better than earlier programs.

26. Feel that opinion of group revealed cooperation existed among staff but knowledge of functions of all workers not clear. Need for sanitarian to be present at discussion. Need for better cooperation between agencies. D. P. W. and Mental Health--problem was one of communication than cooperation.

27. One group is slow to discuss. Perhaps more questions could be raised and only partially answered in order that our groups and others might complete them.

28. Due to much interference, the program was often interrupted, and often train of thought was broken. I especially liked the classification of personalities. In group discussion much was brought out in suggestions to better acquaint the department with the activities within it.

29. This was the most interesting program and therefore the most helpful to me thus far. I liked the speakers way of presenting the material and thought the matter dealed with was very worthwhile. Why can't we have more programs this easy to watch?

30. I felt I was "talked down to" in the presentation. In turn, this decreased the effectiveness of the presentation.

31. Injection of religious concepts beneficial, but to put them into practice is difficult.

32. Program did not seem to pertain to reading material and the point brought to reading material and the point brought out could have been included in much broader topic as did study manual. Our discussion continued to fall back to purpose or goal.

33. Since the second meeting we have tried alternating leaders. I felt this was our worst discussion, because policies kept "cropping up", and irrelevant subjects. May I get a copy of T. V. lecture? I thought it was superior.

34. The group has the feeling that there is not as much cooperation between T. V. lecturer and manual writer as could be.

35. Unbeknown to the discussion leader a point was used for illustration which was a small but controversial issue. We will change discussion leaders from time to time. Also I will try to prevent this in the future.

36. The study manual brought out a point I had not realized. I always thought that welfare and health agencies went "hand in hand." I thought there would be complete cooperation and understanding among both parties otherwise duties and results could not be accomplished, it doesn't seem like. The manual enlightened many facts about co-operation. I had not thought about it before.

37. Still waiting for that "extra" something expected from these sessions. Good Psychological Review. A lot of extra background material given to say all need to cooperate! Questions submitted in the past will be answered when? Will there be panels again?

38. A well-presented program. Very informing. The story of the "Turtle!"

39. I think this session will benefit our department.

40. We have no supervisor in this office. The director is part-time, 2½ days a week, therefore, there is no real leader, or co-ordinator to make this a "we." The "I" relationship is predominate and was brought out so well in todays session that everyone noticed and seemed to be interested in how we might work more cooperatively. In reading over what I have written it sounds as though I missed the whole point. Inability of self-expression is frequently a barrier.

41. Points seem rather fundamental. Excellent presentation.

42. I believe this is one of the important keys to all Health Programs.

43. I feel that a lecture on child psychology is a complete waste of my time. I am looking for some constructive instruction from the T. V. project; I did not receive any useful ideas from either this T. V. presentation or the subsequent discussion.

44. This E. T. V. presentation was too preachy!

45. Program was good--left people with many thoughts but most of them were in regards to personal life, therefore discussion was limited.

46. Excellent presentation and brought out much discussion.

47. A little naive.

48. T. V. program very interesting. Helps person determine what characteristics they have.

49. A point well made--very, very interesting talk. Can well be applied to we lay people. Needs more application in department as a whole. How can we best utilize this program? How can we best take advantage of this opportunity?

50. I feel that two groups would be more advantageous at one time. The people seem to be afraid of discussion in a large group.

51. Program did not emphasize that cooperation starts at home, office, public. In that order. No cooperation among employees--none usually in work.

52. If we'd speak up during discussion half as much as we do afterwards, we may benefit from this program.

53. I feel these discussions are very helpful to our department and to our county.

54. I feel that this program will help all of us to examine ourself and our relationship with the department from a team approach.

55. I feel that this program today should cause us to look at ourselves and see which of the acquired basic attitudes we fit into and the way that we can change or grow into a "we" situation rather than remaining in an "I" immaturity.

56. I wonder how many of the county and local departments are participating in this continued education program. I feel that all county and local groups could and would benefit greatly from it.

57. Discussion group could be more valuable if it could be focused on the local group problems because tension builds within individuals if the problem cannot be aired.

58. The T. V. presentation was very poor and seemed to cut off any valuable group discussions.

59. Cooperation is second to co-ordination. Both are essential to proper functioning of a health department staff and allied and related agencies.

60. All departments of the health department cooperating with one another. How to get outside interest to cooperate with us?

61. A plan to get together is needed for organizations so that problems can be discussed and ironed out.

62. I enjoyed the session very much. I thought the speaker did a great job getting the point across to us. I am only sorry it wasn't longer and in more detail of the reasons people like this are like they are. It was really very good.

63. The program did not go with the study guide.

64. I think too much time was spent on the pattern of different attitudes, as a team would have been more effective for our purposes.

65. Lecture helped me to "look" at myself to see how I could cooperate with others. Best comment was regarding cooperation: A sign of maturity. Think manual and lecture didn't correlate--believe some cross reference would have blended ideas better.

66. The E. T. V. presentation was more interesting but not in context with the study manual.

67. It helped me analyze myself and to recognize the fact that there are times when I fit into each of the four basic patterns. The manual wasn't as interesting or valuable on this subject or else I was too tired when I read it.

68. Discussion was dense, because three or four different personalities involved: I don't feel some of members connected the cooperation we could give ourselves to these different personalities. Not much time involved to discuss.

69. Each department (division) should receive a complete copy of our annual report each year. This would make for better understanding and cooperation between divisions.

70. In my opinion this lesson on "Cooperation" is fundamental in establishing the real purpose of public Health. I felt that the group discussion was under par because we failed to coordinate the T. V. presentation with our study manual. T. V. reception was bad---hard to understand.

71. Should the same people meet with the same group every week or should the group meeting be mixed every week?

72. The presentation of this man last week and this week has been so excellent that I wish he could continue. The background and professional training he has had show in all he says and does.

73. This session tended to stimulate members of the different disciplines to be more aware of the duties of others and thus add to better cooperation.

74. All saw the need of closer cooperation among the different phases of the health department.

75. How do you change the reaction of a worker with an attitude, "It's not my job" when additional service is requested.

76. I feel that Dr. Heaton had a very interesting talk and he had so much to say that it's impossible to comprehend everything in seeing this program only once. Could I have a copy of this talk?

77. A very good presentation. Promotes self-appraisal and better understanding of others.

78. Group came to conclusion that communication and cooperation go hand in hand. This session stimulated members of group to examine their relationship with others.

79. Seemed to be able to relate this topic more to our own individual situations.

80. This series continues to consist of good fragments which someone forgot to coordinate. Fragments being two leaders guides, one manual and one T. V. program each week.

81. This session helped to make you better understand why individuals act and react the way they do, because of heredity, environment, etc. This makes way for better cooperation when self is understood as well.

82. These discussion groups are only effective if all persons attend. Those persons who may be most affected may be those persons who do not attend these discussions.

83. I find the E. T. V. presentation is very informative and valuable. The leader presents the information in a very dynamic manner.

84. Very good! This is one of the best yet. It applies to each person no matter who they are or in what job.

85. Please, send better questions for discussion leaders.

86. Would like more direct influence as to actual goals we might seek to achieve in various lessons.

87. More participation in discussion by members of group than in any session. Construction session, several ideas proposed.

88. Our department most always thinks in terms of "We" rather than "I." This is probably due to the good communication.

89. Where do I fit, as a sanitarian?

90. There is a great deal of room for improvement throughout the staff. If each person would do their best to understand others and cooperate with everyone as best you can things will run smoother.

91. We need more cooperation within the staff and within the different professions in the health department; such as sanitarian and clerks, etc.

92. Had an interesting discussion on barriers of cooperation between the staff and other departments and agencies that the health department come in contact with. We need a better understanding of the facilities of other departments.

93. Need more discussion time--takes approximately ten minutes to break ice and get started--must stop at 5:00 p.m.

94. I definitely feel we need more cooperation in our department. There are clusters holding us apart and I would suggest a staff meeting monthly to discuss problems that have come about.

95. Time allotted for this program is at the wrong time of day for me (end of work day). Time allotted for discussion is "short" and by the time I get my "thinking gear" going strong, it's time to leave--(Could be a good program but I do think it is too rushed).

96. There is a realization of the need of harmony for cooperation between agencies, departments and also within like groups. My thinking is that a "good-will ambassador" from each group meet, together at appointed times to discuss problems and misunderstanding could smooth out these problems.

97. Need better cooperation in our own department.

98. The past two "lessons" were most informative and interesting.

99. On our programs progress it is easier to look at ourselves and be honest as the subjects apply to us.

100. A periodic reminder of cooperation is good for any group.

101. I saw this program at home because I was off, so I missed the group discussion. I do feel that is an important part of the program. The E. T. V. presentation was much more interesting this week.

102. We were especially pleased to have Dr. Sutton visit us for this viewing as this was by far the best E. T. V. in this series that we have had the privilege of watching.

103. We are a small department and had started group discussions like this several years ago. Why not have meetings of heads of divisions of large departments for such discussions?

104. Very helpful toward understanding each other and ourselves. Changing leaders and recorders has doubled the group's interest, presents problems but advantages outweigh. How to get a previously very interested member back into the program? Quit because of group blunder. We're trying to warm up the situation.

105. I have received a valuable amount of help at all sessions but feel this was the most interesting one.

106. Many points of value were brought out as to different personalities which helped us to understand each other better.

107. This was a much better presentation since all could see and hear.

108. This was the most interesting of all programs, it applies more directly,along with communication program to our health program--How we can be more effective in our relationships with our co-workers and also with our clients who come to health department for services.

109. T. V. presentation lacking in offering solutions to achieve good team work.

110. Why does the T. V. presentation not follow the manual?

111. The program was interesting but I don't think he actually talked on the problem of cooperation. He described the different types of personalities instead. How does the study manual help us when nothing in the manual is really mentioned on the T. V. program.

112. Very good, but should have given suggestions as to how to handle different personalities.

113. The study was well received and well presented by the speaker. It created a good deal of thinking. One person can accomplish a great deal but two working together can accomplish three or four times as much.

114. Very interesting speaker. This subject was helpful to us in our department as all people could improve on cooperation.

115. Wonderful. Can we have more of this?

116. All information from the course so far should refresh one's memory and give one a brighter start in getting along with others.

117. Dr. Heaton has some "excellent food for thought" and it is up to "us to start action."

118. I like the bird singing in the background!

119. In what way could the nurses and other members of the staff get better acquainted?

120. This program helped us to see ourselves as others see us. One of the most valuable assets of our work is cooperation.

121. Excellent. This can apply in everyday living as well as to Public Health.

122. One of the best ways to solve a lot of our communication and cooperation problems would be to establish an "Information Center" for the State Board of Health.

123. T. V. program too simple in language and presentation. He's talking way down to his audience. We're not third-graders! Why not vary the instructors on T. V.? Same old face gets boring.

124. Why did we get presented attitudes and life pointers for cooperation?

125. I think the programs are becoming more interesting.

126. Sacrifice yourself and forget about what you have sacrificed.

Program Number Five: Culture and Community Health

1. Program on T. V. very interesting and some good points brought out in group discussion.

2. The dialogue was too fast for the "average" person without background (1) to take notes (2) to glean the thoughts that were being rapidly thrown at listeners.

3. I did not gain very much knowledge that will assist in my job.

4. Most interesting.

5. Very poor presentation.

6. Evaluate your own cultural standars. More communication.

7. It seems to me the program and discussion were very informative.

8. Group discussion greatly participated in relating to situations locally. Note: I feel program was better presentation on communication than the previous one.

9. Valuable and helpful information to help reach, understand, and communicate with people that are seldom reached.

10. Most valuable for people in social work, health, or any community organization.

11. Helpful in understanding the feelings involved that influence opinions of different cultures.

12. We know that change is necessary for progress--yet you imply we should accept the different cultures and customs without trying to impose our way of thinking upon others. We need to know more about where to draw the line and how to compromise.

13. I was not able to participate in group discussion. I think a role playing illustration would have "livened up" the presentation.

14. It occurs to me that all these topics are just being hit to scratch the surface, or give an awareness. There is little tie-in from one to the other. The manual might give a few references for further study; short courses, and workshops available might be announced later.

15. Would like to have additional programs in this area (Health Officer).

16. Discussion increasing.

17. Group discussion and participation are improving. The T. V. presentation was excellent.

18. I had not read the study manual for the day, but did feel I benefited from the session.

19. Not as good a presentation as the last two but far, far better than first two.

20. T. V. reception not as clear this program.

21. Too broad a topic for half-hour discussion on T. V. and in groups.

22. I felt too much was presented for a one-half hour session. One phase of the effects of culture on public health work would have been more beneficial.

23. I feel that the E. T. V. presentation was very repetitious. The general tone of presentation was very "hum-drum."

24. This is a difficult topic for discussion. It is impossible to look at ourselves objectively.

25. T. V. program did have repetition. Use more visual aids.

26. I felt one of the situations should have been discussed fully.

27. Good subject but presentation could have been much better--no charts, blackboard, etc.--were used and should have been.

28. Could not understand speakers in film--poorly enunciated.

29. The speaker spoke in monotones and their remarks were too repetitious.

30. A personality determines the acceptance of a program. Dr. Heaton is tops.

31. This was a terribly unresponsive group--a social worker who should be participating and wasn't--majority of group did not participate. Can you really expect learning to take place under these circumstances?

32. Illustrative material on program might have stimulated discussion.

33. E. T. V. presentation should be conducted on a lower culture level.

34. Discussion--very interesting and beneficial. T. V. presentation still lacks interest-holding value for full half-hour. Why do speakers on T. V. use terminology for Ph. D's instead of secretaries and others for whom the program could be most beneficial.

35. Director again monopolized the discussion.

36. Let's face it--I don't think the T. V. personalities are such that they warrant being watched for the length of time they are broadcasting.

37. I was delighted to note the excellent participation of non-professional staff in this discussion.

38. Were fortunate to have the County Director present. We found some of the old remedies quite entertaining.

39. Good presentation. Much interest. Good discussion.

40. Very interesting and appropriate as to time it was presented. Very helpful in helping students to understand why families sometimes act as they do.

41. The presentation was well presented in relation to what we, as nurses, have to experience during daily contact with persons of various cultures.

42. Could not understand what was being said.

43. I felt that this was a very good subject to discuss: for I have experienced such culture barriers in my attempts to work with many patients. I feel that this program has helped me in forming plans in working with these patients.

44. More basic factual information pertinent to the topic could have been given the viewers. The study manual was more interesting than the television discussion. It seemed more explicit.

45. I probably expect too much as I have been over this so many times. (Health Director).

46. Best T. V. production to date. Much was review but valuable. We need to be pulled back to reality and encouraged to listen to our patients, before we start talking so much.

47. I feel that somewhere in the service of public health where we are trying to influence and improve others ideas and cultures, that our own attitudes may be improved and influenced as well as those of others.

48. Excellent discussion. (Student Health Educator).

49. Best yet. (Physical Therapist).

50. This was a most valuable T. V. presentation. Very exciting and interesting. (Nurse). Are copies of T. V. talks available?

51. The content of T. V. was good--but not a good delivery.

52. Dialogue did not stimulate interest as well as some other type of presentation.

53. Don't judge people by the way they live, give them a chance to do better--FIRST.

54. This could have been more interesting as a one man show in my opinion.

55. After viewing the film, I feel much better about some of the families I thought I have failed to motivate.

56. Much effort needs to be put into the presenting of program.

57. Very good session.

58. Perhaps the use of animated characters acting through a specific problem and showing how it might be solved would prove beneficial.

59. E. T. V. interest low, message doesn't seem to get across, too much time on one thing.

60. You ask questions but give no answers. Add cartoons to stress examples.

61. Very uninteresting lecture--please give consideration to making improvements both in delivery and in information. More facts should be put forth.

62. No value at all.

63. The programs have been very informative and if the material presented could be utilized our work would be more effective.

64. I think the programs have been good in regards to stimulating thought. Hopefully by rational thinking, self-evaluation, and a keener awareness of the use of self in inter-personal relationships, health services will be improved and greater job satisfaction realized.

65. I do feel that both the T. V. and the study manual and the group discussions are helpful and interesting. I feel that I do need to reevaluate my feelings and to be able to understand more of our patients and their motives for cooperation or non-cooperation. I feel that these sessions are helpful as a foundation for specifics later on in the series.

66. E. T. V. presentation was very informative. I think the value was very high to our group.

67. The T. V. presentations are very interesting and if applied to our every day life, will be helpful.

68. The format of 2 people discussing the problems did not give me a feeling of being a part of their discussion.

69. Our leader's comments were very interesting.

70. Interesting comments pertaining to communicating to people and putting across health ideas.

71. We should have discussion leaders that are on our level. I enjoyed the secretary today but I did not enjoy the physician last week. (Typist).

72. Good program.

73. Two men seemed to talk too much to one another and not to us. Also, they used the term "culture" without really telling us what it actually meant to them. My idea of culture is very different from theirs.

74. We wondered what the State's issue on flouridation would to to various culture groups, especially since this would be a forced issue.

75. Very helpful in my work. The most beneficial thus far! (Dentist).

76. People fear things the most that they understand the least. This is often the problem in Public Health. Why not someone interviewed on program from grass roots people to give better insight to their culture?

77. Best group discussion yet! The word "culture" brought many varied comments.

78. Best session yet! As far as group discussion is concerned.

79. There is a great difference in culture and to change anyone we should give individuals something that they understand and desire.

80. The manual was very interesting, but the presentation was not nearly so interesting.

81. The information received each week is very valuable to one who is actively employed in health services.

82. Group discussions were very beneficial to all disciplinaries.

83. Promotes a great deal of self-examination in how to deal better with our clients.

84. Very good and helpful in H. V., office, clinic, and field visits.

85. This was very interesting and was helpful in our evaluation of ourselves as well as people we serve.

86. Beneficial to all, the individual, the family, the community, and the public health workers.

87. Most interesting. Thought provoking. Leads to self-analysis. Group gets into discussion of related problems.

88. The comments of the study manual is very good this week. Now what we need most are practices of what we know. How can we very tactfully do all these wonderful things?

89. Discussions are more inclusive of group. Still too large a group.

90. Interesting. Some very good points.

91. It is very important to see the whole picture of situation before trying to influence a change.

92. A lot of good thoughts to work on in improving better ways in dealing with people we work with.

93. Interesting and informative presentation.

94. Program presented many questions. Example: How do you find out what people believe? I do not think the answers were given.

95. I did not find this to be as interesting as previous presentation.

96. Group discussion was very good today.

97. This program presented a very important aspect of Public Health work relationships.

98. Very informative and interesting. (Secretary).

99. What are the Blinders of the Health Department? What do the people of our community respond to?

100. We are more interested in E. T. V. than in group discussions. We are following through but the group discussions do not hold our interests as E. T. V. does.

101. A good session. (Statistician).

102. Some group discussion indicates that the mentally ill are completely or partially outside the "culture" of the "subculture." The "therapeutic community" idea is quite new to this group.

103. Feel these programs are helpful. Discussions interesting, stimulating, and helpful.

104. Reception was so poor we could hardly get the program.

105. Poor T. V. reception--in sound. Wish E. T. V., study manual, and discussion guide would have been closer in content and focused on the same and fewer ideas. T. V. Program could be improved with use of visual aids in addition to two heads.

106. Discussion brought out an opening for discussion which was more informative.

107. Refrain from usage of "lower" because this in itself creates a barrier that defeats the entire purpose.

108. T. V. reception was very poor and need better antenna. Will there be more programs on culture?

109. What is your interpretation of motivation?

110. All members contributed today.

111. There is much more to Public Health than nursing!

112. This session made the Public Health worker more aware of this need to seek out the different community leaders, and work with them in order to better reach the patients needed to be contacted for benefit from Health Departments.

113. Work with leaders, not against them.

114. Include one or two debatable questions for group

115. Good "exposure" and "awareness." Rather broad coverage of such large subject.

116. Certain observations caused a change in thinking.

117. Group discussion is more valuable and interest is greater.

118. Speakers slurred last part of each sentence, and some of their words were not audible.

119. We were interested in the program presentation and we were disappointed because we were not able to view and hear the program. We called attention to Paul's book in our staff library. Why was the program not presented?

120. No program on T. V. 4/3/68. Henderson.

121. "NO RECEPTION" Could not receive program. 4/30/68.

122. A tremendous handicap.

123. Very good!

124. The speakers were too well educated; I felt that they were talking either "down" to me or "over my head." Could we not have Dr. Heaton again?

125. The men on T. V. were very hard to understand.

126. A community's ways of thinking and believing can't be changed overnight. The community must be educated to a better way of public health. The local health department has a great responsibility to the public and a wonderful opportunity to serve the public through this method. Health educators, dental hygienist, etc. should be employed to teach better health measures through school programs, community meetings, and T. V. programs.

127. Good discussion for no T. V. viewing.

128. What is culture?

129. The presentation was very good and the T. V. did not cause our eyes to hurt as they did at one time.

130. This group expressed their liking for the way their group is functioning. The leadership for leading the discussion is being shared. A recorder or summarizer gave a simple statement or two of what she felt the meaning of "Culture and Community Health." Members told of instances in their division where public health workers "looked down" on some patients or clients and ideas were expressed as to how public health workers could treat clients with respect and learn to listen to and learn the language the individual in his group used.

131. Film was good and gave stimulation for a good discussion.

132. What is middle-class culture?

133. T. V. presentation not very well presented. Dr. Heaton is remarkable and impossible to follow. Would like him as teacher of each class if possible. Define culture--all levels. Define classes of people. Who places people in classes?

134. Community groups rather than one person. Culture is the way you live.

135. Do not believe the reported apathy of young mothers in Miami in 1960. Dr. Gallis, himself, has been found to be wrong many times. Referring to the recently reported starvation in 27 N. C. counties, why do people believe such fantastic statistics created on somebody's desk?

136. An awareness of the culture of others help them to change and understand how to live a better life in their culture.

137. An awareness of the culture of others help them to change their own culture.

138. Stimulated interest in my efforts in improving communication and made me more aware another culture resisting change. I would have appreciated a dialogue representing the two cultures.

139. T. V. presentation and leaflet too repetitious of each other. One would have sufficed.

140. We decided that change of habit is often needed rather than education, etc.

141. Maybe a discussion of aids to habit change. How do you influence group behavior towards change?

142. In comparison to the last two programs, this one was lacking in many ways. Did not hold interest of group.

143. This is the worst program to be presented so far!

144. I think it was very good. How can you reach people about health?

145. It is well to familiarize ourselves with our clients views on the matter involved and start from there.

146. This discussion between two people was a very monotonous, slow program.

147. Poorly presented; not interesting.

148. If some of the "soap opera" programs could have some of our public health problems written into them and then have them solved or an appropriate follow up written into them, it would have a tremendous influence on people who stay at home. Many times in visiting clients, they will not even talk to you until their program is over.

149. People don't like to be forced to changes, if they don't understand why. Why do people accept changes?

150. A worth-while study--all of us need to take "blinders off."

151. Introduce speakers please!

152. Important to recognize the differences in culture.

153. Culture is a very challenging part of our society. Public health workers do need to be very understanding when they contact people in community.

154. Very dry E. T. V. presentation.

155. More of Dr. Heath.

156. This was too far above my head. If it had not been for my manual, I would have been lost.

157. A need for more understanding on culture and community health.

158. One can't improve culture by force--takes patience, understanding, and education. *Had not read manual.

159. Group leader good.

160. Boring!

161. What methods can be employed in Public Health to reach people who are in a different culture group and thus eliminate frustration and ineffective use of the workers time and energies and get service delivered to the community?

162. We were given the problems but no solutions.

163. The T. V. participants would have been more helpful if they had more Public Health knowledge.

164. E. T. V. too hypothetical and not as relevant or pertinent to our situation as have been the others.

165. This program wasn't too beneficial to clerks.

166. Overlapped communications too much.

167. These should continue (maybe less frequently such as once a month instead of once a week) for years to come.

168. Best program. How we may get individuals to tell us the truth instead of what we want to hear.

169. Values, time.

170. This unit had very little application to us. Laboratory Division.

171. None of the information was specific enough. It needed examples to illustrate vague ideas presented.

172. What was the point? Was there one?

173. Not at all applicable to lab workers. Said all the obvious cliches about the lower class community. Nothing new--why bother?

174. Program should be held at a later time in the day.

175. We have included Mental Health Representation and this adds much to our small group. Manual very helpful this time--T. V. better with two people in conversation.

176. O. K. What techniques are used to change mass cultures in their thinking and beliefs.

177. Important and basic--T. V. and study--Well presented.

178. What can be done to get the people to accept our program.

179. The program was rather dull. I feel it would help if it discussed specific types of problems instead of being so broad in scope and just skimming over a few non-specific points. How can one discover who is the opinion leader in a community? How would a health department organize a community social to put across a program?

180. Culture covers a large range of attitudes.

Program Number Six: Our Public Image

1. E. T. V. very good.

2. Very good presentation. I can certainly improve in many ways. How can we change "negative attitudes" in our staff towards the disadvantaged?

3. Most interesting so far.

4. Excellent program!

5. Thought speaker was very interesting. Tried to convey ideas through examples. Not so "cut and dry."

6. Most interesting program thus far.

7. Program helpful to image shown to the public.

8. One of the most helpful sessions in the series--T. V. presentation excellent.

9. Program was thoroughly enjoyed. By covering so many subjects, the chain of thought was not broken.

10. If more of the presentations could be presented in this fashion, the series could certainly benefit.

11. The problem was well presented and well received. Should we change our clinic hours and stay open until 6:00 p.m. for the convenience of a very few who could have attended earlier anyhow?

12. Program very interesting and well presented. Subject matter of prime importance in any department, but especially a small one. Our department is a good example. (Yadkin).

13. Perfect presentation. So like each days activities.

14. Everyone seemed to enjoy this program. A good laugh in Public Health is better than any medicine it has.

15. It makes one think, what kind of image do I give?

16. Excellent program. Miss Reed was a joy to hear.

17. Presentation by E. Reed was very good. Gave us something to think about in our own daily work.

18. An excellent program for self-analysis.

19. Elizabeth Reed did an excellent job of presenting how we sometimes look to others. Not only did I see others, but also I saw myself as I must have appeared to others.

20. Participation better than usual, but the content was not really of extreme value. A lot of sharing experiences, through--great fun.

21. Refreshing change of pace in T. V. presentation! "Stepped on our toes." Excellent! Comments by additional participants in group discussions beneficial.

22. This was to me the best presentation of the entire series so far. Both the T. V. presentation and the study guide "hung together." Delivery was excellent and content above expectations!

23. This series is very pertinent and relevant!

24. Group discussion difficult in that some hostility displayed as to content of complaints--necessary to rechannel discussion several times--Very good T. V. presentation.

25. More actors in the role playing would have given more interest to the presentation.

26. Very good--the best yet--would like to see more of this type program.

27. Study manual very good. T. V. amusing entertainment. Got the point across well.

28. Good food for thought. Study manual material excellent.

29. This lady's presentation, in my opinion, was excellent! If we would all follow her example, there would be no need for any other presentations. In other words, this covers the situation.

30. Most interesting class yet. The discussion was also best--I think we understood this session better than the others. Have each person know what and what not to try to tell, or put over to patients. A clerk not to give out information concerning anything a Dr. or nurse should.

31. This was the best program of the series.

32. Very interesting program. Our T. V. reception better today. Robeson

33. Our reception was much better. The presentation was both amusing and beneficial.

34. This was the best program of the series--our department seemed to enjoy and discuss this program more.

35. I feel we do have a bad "Public Image" at times--mostly because of lack of understanding on the public's part. I would like to see a series of articles in the paper on "What the Health Department can do." "What we can't do."

36. We finally had a program that stimulated discussion. The program was easily understood by all personnel and not the usual "lecture."

37. First be informed on all activities of your Health Department--take a look at ourselves--our image.

38. Follow through is needed with all complaints.

39. More than any organization I feel the health department should put forth their every effort to help the public, not only, as we are servants of the people and they are responsible for our having the positions we hold and we should not let our public down not only as an image but because we are really and truly interested in them and should let them know it.

40. Who is responsible--first--for handling complaints--the Health Director or the secretary or some outside agent?

41. This delivery good. (T. V.) What do we want our image to be?

42. Should have had more shows like this one!

43. Please demonstrate the proper approach for effective home visiting.

44. Ways of dealing with difficult problems in field interviews would be appreciated.

45. The T. V. presentation was most interesting. The speaker, by using examples, was able to get the message across most effectively.

46. Very good presentation. Forceful way to get important points across.

47. Would it be possible to include references that would be of value on some of the material presented? If so a list of publications, visual aids, etc., and the source of their availability to accompany the study manual might be helpful.

48. Our group found this very true to life, and they enjoyed it as well being true to life and working conditions.

49. We need more staff meetings!

50. Could we have a program showing the value of the nurses work and sanitarians work closely related and vice versa.

51. Colorful speaker.

52. Very painful in seeing some of yourself.

53. The T. V. presentation covered the subject quite fully and adequately.

54. Program brought out a lot of good points. Makes you stop and think if you sometimes appear uninterested or unsympathetic.

55. "Oh, if we could see ourselves as others see us."

56. I think the presentation and discussion on, "Our Public Image" was very interesting today. I think everyone should take into consideration the four objectives. Most of all "Be Fair" to everyone regardless of status, and always remember "Nobody is just anything,they're something."

57. This program was much more interesting. Comedy spices it up!

58. A few practical lessons on living and working with our public.

59. The discussion was very good. I especially enjoyed all the different monologues.

60. I think this session prompted a very interesting discussion. I think that it made us more aware of the value of complaints.

61. Illustrations of how we work very good. Could we have examples of how we should work?

62. Most interesting program presented! These phases of public health should be discussed further.

63. Still proves that listening long enough to a person who is talking will help all the way in knowing how to answer the publics questions without referring to further parties.

64. The general staff can do more to help patients. With the present staff specific directions should be given to patients and questions asked by staff members as to whether patients understand instructions. I think a number of us in the group discussion feels that a lot of the things discussed apply to someone else.

65. This was the most lively discussion we have had. We needed far more time!

66. Good acting. Well-put.

67. This makes you take a second look at yourself and your department.

68. It was presented to hold attention the best of any that has been yet. This lady should be commended for the excellent job. Are there any more programs to be presented in the way this one was?

69. I think that this has been the best program.

70. Discussion following this session very helpful. Resulting in each one trying to see himself as others seem to see him, and using the points brought out by Miss Reed as guidelines it is felt that each of us will be more conscious of these and try daily to improve with each performance of duty. This session seemed to create more interest, certainly had more and better discussion.

71. A very good program. It is my opinion that in order to make a better public image it will be necessary that we do so within our own office first among our own staff.

72. Patience.

73. This is the very best presentation that I have seen. The group discussion also seemed to be more meaningful and meet more needs. The lead in questions or suggestions, "What do you want to discuss?" was very good!

74. Complaints are handled by explanations through communication and complaints come from misunderstanding. Also, I feel that the feelings of each individual influence the way you handle any given situation.

75. Very good speaker. Should make each of us take a closer look at ourselves.

76. This was the most interesting program thus far. It was both entertaining and enlightening.

77. Presentation probably reached more disciplines than any other thus far.

78. Program more suited to all Health Department personnel than previous programs.

79. Listen attentively to all persons by telephone and person.

80. This session was very interesting and most valuable. I think it gives us a chance to really evaluate ourselves.

81. It would have been nice to have Miss Reed give us the correct way to handle cases in some instances.

82. Why was North Carolina selected as one of the states for this T. V. series?

83. Speakers voice too high pitched, speech too rapid to the point of poor audibility.

84. The T. V. presentation was the best yet. The speaker was very amusing, but more important, her portrayals were all true, or could very well be true.

85. I think that this discussion was very interesting, and it somehow pertains to some people that I have met.

86. Continue to improve our Health Departments' image by putting into practice some of the principles given in study manual and in the discussion group.

87. I really enjoyed the speaker especially when she used examples of situations.

88. This was the best program of the series. Can we have something more on non-verbal communication?

89. This is the program that we really needed for we are all guilty of doing just the things shown in the T. V. presentation and everyone was impressed.

90. This was the most "viewable" presentation we have had. No difficulty in being able to listen.

91. Very refreshing. We sometimes forget how we look and act to other people. We all have non-verbal skills, and should be interesting person, recognizing other peoples feelings and have control of our own feelings.

92. It would be good if a survey could be taken of the public image of our Health Departments in North Carolina.

93. Well presented. Our image could be the reason why many people do not use our services.

94. I think this is something that happens seldom, but should watch ourselves when trying to communicate with others.

95. Cleverly presented. Basic and important considerations.

96. How do you satisfy a patient that has to wait a long period of time due to shortage of staff, etc?

97. The presentation was very forceful and "down to earth." The leader was charming.

98. Presentation very good, interesting, amusing but very informative and illustrations very true as I have seen many such situations and may have been viewed by someone as one such example.

99. This was the most interesting of the presentations to me. I am most interested in an approach to effectively reach those in the economically deprived groups.

100. This is the best program presentation to date. Role playing method very effective. Can role playing be used in other programs?

101. The T. V. presentation was very good. All members of staff seemed to enjoy it. Program made me feel that we as a department can do much to improve their image.

102. Speaker did not speak distinctly but was good actor. Study material was rather limited. Back page is wasted for all practical purposes.

103. Very adaptable.

104. The presentation was excellent as well as interesting. True to character of individuals. How do you introduce sex education, morals and pattern to adolescents when the school board and principal refuse films and guidance from all sources?

105. I think illustrations were true but a little far fetched or over exaggerated.

106. Best one yet. Was disappointed that she didn't characterize nurse more. There is much she could have done.

107. Would like to have seen more emphasis on how to properly handle some of the complaints we receive in addition to showing us how others see us.

108. Delightful. It is so much easier to learn when you can laugh and be happy. Very practical and helpful.

109. The dog warden wasn't represented, nevertheless, the presentation gave us food for thought. This led to one of our livliest group discussions thus far.

110. Although this appeared to be directed more to clerks it had a real message for all of us. Could we use this approach for more sessions?

111. Sorry this is the last one really. Very good!

112. Very informative in my role as clerk and receptionist.

113. Introduction music needs to be more lively.

114. Part of discussion on staff meetings was very valid.

115. This really gave me something to think about. Certainly it makes us extremely aware of the impressions we must give. I personally plan on working on improving mine as much as possible. I suppose this would be a very communicable thing, passing on to other members of the department.

116. This was most interesting and valuable presentation thus far.

117. Suggest that there be some kind of interchange of information from each department head, thus keeping each department informed along any change in policy.

118. Interdepartmental bulletin could be of value in letting each department know changes made in policies in individual departments.

119. Should you know something about each department?

120. Only small proportion of group participated verbally. Group didn't seem at ease with each other. Does our large staff want to be better informed or periodically updated on health department programs? If so, how can we implement interest?

121. Best television presentation we have had.

122. Absolutely the most interesting program to date. The first program to cause spontaneous discussion.

123. This was the best film to date. Response of group was better. Is the customer always right? Sometimes it helps to be assertive.

124. Our group discussion was not nearly as effective today because everyone was reserved because everyone knew a health educator who was concerned with our not following a strict format was present.

125. Best yet.

126. This topic was presented in such a way that it was both entertaining and educational. It was presented so that it met the needs of all the group without seemingly "talking down" to the remainder of the group. Elizabeth Reed was marvelous.

127. Elizabeth Reed's skits and comments were both enlightening and entertaining. Too often we are not conscious of our impression on others as representatives of our health department.

128. Elizabeth Reed's enthusiasm was contagious and our viewing audience "caught it." Could we have more of the same?

129. I feel this program is the best so far. The narrator offered examples easily recognized and exposed public health workers as others see them. I feel we need to be reminded more often. It stimulated interest in discussion afterward.

130. This was a very good period. Even though Miss Reed overemphasized her points they were well taken and so characteristic.

131. Very good presentation. Examples seem to make us think about our image to the public.

Program Number Seven: Questions and Answers

1. If a competent secretary can make a $10,000 a year man become a $25,000 a year man, what does this person do to increase the competent secretary's salary?

2. Turned into a real "chip on the shoulder" grip session aimed at administration.

3. Programs aimed at people who cannot do much about situations.

4. Many thoughts were presented that were good reminders.

5. It was a great help to me. Can we have a staff meeting?

6. I am very interested in the courses that we will have in September.

7. I'm looking forward to any series concerning definite areas.

8. An excellent Staff Conference.

9. I am looking forward to the E. T. V. in September with an administrator in charge. This is a small department, and there is too much talking during program. I will enjoy the programs more when they become more specific.

10. Have enjoyed and profited by E. T. V. study manual, and group discussion. Looking forward to September.

11. I like the question answer program very much.

12. The panel discussion was good in the form of a review of previous sessions.

13. Comments on Cooperation were good. Programs have been beneficial.

14. We are having better discussion each session.

15. I think it would be valuable to have study questions (similar to the ones the group leaders have) for us to ponder over before the T. V. class. I never think of suitable comments until after it's all over.

16. The panel gave a good review of the questions presented to them.

17. Presented opportunity for self-evaluation which could be most helpful in our performing our jobs.

18. The best thing that has happened to this group in six months.

19. How do you get help or cooperation from welfare when we are glad to seek their help and cooperation or give them help. All they seem to be interested in is whether they have to put out money or not? They are not or do not seem to be interested in social work or helping with health problems.

20. I think this has been a most helpful presentation and I am looking forward to the next series.

21. Enjoyed this presentation very much and as a whole thought the entire series was well worthwhile.

22. The beginning of some good possibilities for future programs.

23. This series was very helpful--we didn't get too far in accomplishing changes in our department "ice" but at least we have some background in understanding now.

24. The experience was good and I look forward to continuing education in the autumn.

25. This series of programs has been very beneficial to me and I know that in the future I will try to be more aware of the impression I present to the public and co-workers as well.

26. I feel that those who were at all the program series should have been able to discuss the program more fully.

27. In general, I thought it was a good series of programs.

28. I think the study manual and the E. T. V. presentation should be a little more closely related. I could not get the connection between the two.

29. I don't seem to get very much from your panel discussions. Could not understand speakers. The best programs were the ones that Dr. Heaton gave. His presentation was excellent.

30. Too few of the group participated in the group discussion although efforts were made to get all members involved.

31. In September we should have coffee before T. V. training session. This would make a more friendly meeting.

32. Re: Future Programs--How about asking local people who have strong programs to present programs or participate in group discussions on T. V.

33. Will you separate large from small departments for evaluations?

34. I felt the T. V. presentation had little relationship to the work of a secretary, or suggested any concrete ways to improve interpersonal relationships.

35. Definitely could not relate T. V. presentation to Study Manual.

36. It was a good program series. The biggest single fault I see is that the programs were geared to serve a group of persons of a fairly high educational level.

37. Just hope next series of programs is more interesting.

38. This series never answered the question of all of us--"What is Interpersonal Relations?"

39. I think for a program on Interpersonal Relations the panel should have included more disciplines and not just a nurse and Health Director. This is the type of situation that causes poor staff relationships!

40. I did not see a representative for clerks or sanitarians on the panel.

41. Why not a more positive answer to the questions in todays session?

42. I feel this conference reached the conclusion that any good staff meeting of a local health department would reach. I hope that the information presented in this series will be interwoven in the planned series beginning in September.

43. Discussion points in planning for fall and T. V. (1) A better physical set-up, T. V. in health department (Very disturbing to be in school--many interruptions).

44. Plan for two or three groups and encourage secretaries, sanitarians, etc. to plan to participate.

45. Appoint committee to solid group discussion leaders and recorders.

46. Quality improves with time. Time well spent for overall increasing effectiveness of health services. Could there be a place for continued groups? Who would continue the planning?

47. These programs have made all of us take a good look at ourselves--as others see us--as we see each other. Also there is more awareness of improving communications, etc. that was not as apparent before.

48. Communications improved among staff members. Understanding more fully responsibility to public in serving.

49. Helpful in relations with other people in our daily work.

50. The program participants came across very poorly. Speech was not understandable. Mrs. Holly was about the only panel member who could be understood.

51. This has been an interesting and worthwhile experience our discussion group has been able to exchange various views. I hope we're not anticipating great changes in our health departments to prove the worth of the presentation but I do hope we have a little more insight.

52. This was most interesting.

53. I think we could have benefited just as much from having just the study manual and group discussions (leaving off T. V. presentation).

54. Panels aren't as beneficial as other type of programs.

55. More promptness might help our public in thinking more highly of our department. It is our public whom we are to please--more than ourselves.

56. Suggest that a monthly bulletin be published. This would contain new services of each department, new suggestions, new recommendations, new practices, new procedures, also include news of any of the personnel themselves--changes in personnel.

57. All of these programs have been good. I feel we can continue to improve this, by getting to know the work of other departments. It would be good for the entire staff to have meetings (combined). Perhaps an interpretation of the annual report would be interesting.

58. Getting together in small groups to know each other better.

59. Suggest having monthly paper or circular in who department with different departments contributing news, changes, etc.

60. Suggest having each department interpret annual report statistics to whole department in Staff Conference with emphasis on programs contributing to the statistics.

61. This has been a very educational and pleasant experience. There are many things that we need to know about our own department. Suggest review by Department heads to review annual report.

62. Poor T. V. reception.

Overall Evaluation

1. Parts were very interesting; others seemed to generalize too much.

2. I believe the programs will be more interesting when they are on specific subjects.

3. I am looking forward to programs on specific health areas.

4. It was a bit frustrating to adjust to the added weekly scheduled responsibilities. I think more specific and up-to-date scientific educational programs will make it seem much more worthwhile. Feel it is a very good beginning.

5. I think more T. V. sessions would be very beneficial.

6. Better commentators who do not generally fear speaking publicly and without stuttering.

7. Hope the next series will have better T. V. reception.

8. The first session was so poorly done it left one with much doubt as to the value of future programs.

9. The program for September sounds interesting.

10. I've appreciated the entire series and feel that it has been a rewarding experience. The participants have known their subject matter and have shared it in a generous way.

11. Found introductions of those presenting programs essential. Our particular reception was so poor it was almost impossible to concentrate on what was being said.

12. I hope you will please include genetics and mental health in your fall programs. Persons on T. V. programs should be dynamic and trained to the very best to be effective. Sense of humor also helps. Also more human relations and communications.

13. T. V. Inservice Education is an excellent idea, but the lessons were too basic. The level of education should be raised.

14. The idea of T. V. Continued Education is good interpersonal relationships; emphasis is needed.

15. Sorry Elizabeth Reed will not be back. I am satisfied with the total effect.

16. I think the idea is excellent, but I think much could be gained by more specific coverage in particular fields rather than generalities.

17. I feel since this was a new experience for those participating in the planning and presentation of this series that the subjects were very interesting and helpful.

18. Sound and picture could have been better, and we could have had a better discussion if this had been better.

19. Reception was poor; one program missed and sound distorted and hard to understand. This may have contributed.

20. No. 6 was very interesting.

21. If all of us would practice what we were shown (and if we learned as much as I did) then better public image, better personal relations would exist among all. Motivation is one step toward doing.

22. Audio of most T. V. presentation very difficult to understand--the first two sessions had very little to offer.

23. In depth training would be more beneficial to me.

24. Include in future programs more: humorous imitations of correct and incorrect occurrences.

25. I thought the film presentations were exceptional, however, the group discussions were languid.

26. I enjoyed the films and feel that I have benefited from viewing them.

27. Think in view of cost to T. V. set by local funds, this project should not be abandoned...i.e. Try and try again.

28. I enjoyed the series very much. Numerous techniques were brought out that will benefit all Public Health Personnel.

29. Should be followed up by something more specific.

30. I feel that we should have more programs like Elizabeth Reed's.

31. For a first go-round, I think it was fine and has great potential. My disappointment was in the use of the T. V. media itself. I still question the "package deal" for the southern region.

32. Rather than asking questions of which we are already aware, give us some answers!

33. The program given by Miss E. Reed was excellent!

34. This was of no interest to me.

35. For me, the greatest value derived from this series was that I took time to stop and reevaluate my relationship and communication with others and I feel this was good.

36. I thought the series were well planned and I am sure that I benefited from all of them.

37. Brought out a lot of questions, and I think will be helpful if we can do something about our problems.

38. I believe I will enjoy the future programs more because we will be learning more about what's going on in the other departments. I enjoy listening more than I do participating in the groups as I learn more this way.

39. Because educational T. V. is a new media for Public Health Workers, it will take time for both viewers and producers to become skilled in receiving and giving.

40. Why not ask or send formal written invitations to a few community co-workers in the areas where the health department is working or plans to work. Include these as part of health program.

41. The question was raised that 4 p.m. is too late in the day. Several programs have seemed to be more poorly received than others; distorted pictures and background.

42. Look forward to more precise presentations.

43. It seemed rather "disjointed: or unorganized" in some respects.

44. With our large departments and many programs and federal grants, I feel we could gain more from local programs within the department.

45. The programs brought out a lot of our problems, but did not give us many solutions.

46. I think anyone with enough intelligence to be working in public health would have been bored with these programs. The subjects that were discussed were only common sense.

47. I have enjoyed the sessions and feel this was a good thing.

48. This service cost our county approximately $2,300 in salaries alone, for the time spending of each employee, not to mention the cost of T. V., etc. Parts of the series were interesting but I do not feel will change anything or be very beneficial in the long run. The cost far outweights the value.

49. Received more from manuals than any other phase of the program.

50. The program on May 7-8 was most interesting too bad things don't go as planned or improved as needed.

51. As new secretary/clerk I found the programs helpful.

52. Is there a way to persuade the "old timer" to hush and listen just for a little while?

53. I feel my departments really benefited.

54. Think the fall session will be much more informative.

55. I feel the future programs will do more to acquaint each discipline with the work of other disciplines.

56. I think the series will be more interesting as we discuss more specific areas.

57. I really feel that I benefited more from the program that just had one speaker. I think when there was more than one speaker time dragged. It seemed that each was waiting for the other to start talking and the train of thought was lost.

58. Some of the presentations could be improved--seemed too artificial.

59. I think a "situation" with answers; or "open-ended" drama would stimulate discussion and bring in the various health disciplines.

60. The only item discussed that was not a repetition of past sessions was the things needed to make a good secretary and was of value to me.

61. I am excited about possibilities of this program. Glad to know someone knows saw the need.

62. I think some of the sessions could have been consolidated. It would have been far more interesting if this general subject had been shortened leaving more time for the specific ones.

63. Hope this will cause all of us to stop and re-evaluate. Sincerely hope that after this series it isn't "put away on the shelf." Let us use what we have learned.

64. Please install booster tower for better T. V. viewing. Morning T. V. please.

APPENDIX E

EVALUATION SHEET

Continuing Education Project - North Carolina
Southern Branch
American Public Health Association

Title of educational session being evaluated________________

Instructions:

1. Check your field of work: Secretary___, Nurse___, Sanitarian___, Laboratory worker___, Health Officer____, Other (indicate) _____.
2. Indicate your general evaluation of the session by circling your responses.
3. Your Health Department ________________________________.

		Very Low	Low	Medium	High	Very High
ETV Presentation	- Interest	1	2	3	4	5
	- Value	1	2	3	4	5
Study Manual	- Interest	1	2	3	4	5
	- Value	1	2	3	4	5
Group Discussion	- Interest	1	2	3	4	5
	- Value	1	2	3	4	5

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Your comments:

Your questions: